



# Report

on the Health of the


# City of Liverpool

for the year

# 1973

by the

**MEDICAL OFFICER OF HEALTH**



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### 1973

ANDREW B. SEMPLE, C.B.E., V.R.D., M.D., D.P.H.,  
*Medical Officer of Health*



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# Health Committee 1973/74

Chairman	I Levin
Deputy Chairman	F J McGurk
Aldermen	J E Kendrick M Josephine Powell
Councillors	W F Burke H H G Francis W M Galbraith K W Hart T Higgins R S Jones Ellen Kelly J McLean T McManus Christene O'Rourke J F Stevens C Taylor P Tunna
Representing Local Executive Council	Ald W J Tristram, CBE, JP, FPS J H Sunter
Representing Local Medical Committee	Dr H Debson Dr I G Bogle

# **Environmental Health and Protection Committee 1973/74**

## **Chairman**

L Caplan

## **Deputy Chairman**

M Black

## **Aldermen**

R F Craine, MBE

A Dunford

W Thomas

D E Williams

## **Councillors**

E A Bestwick

S B Caulfield

A Doswell

O J Doyle

J Gardner

Ellen Kelly

T McManus

E T Mooney

G J Palmer

G G Pratt

C H J Winter

# Social Services Committee 1973/74

## **Chairman**

Dr C Taylor

## **Deputy Chairman**

Margaret S Simey

## **Aldermen**

J A Porter, MBE  
M Josephine Powell  
F Woolfenden

## **Councillors**

W F Burke  
A Doswell  
J Finnegan  
H M G Francis  
W M Galbraith  
Ellen Kelly  
T Larty  
I Levin  
W A Limont  
F J McGurk  
J McLean  
T McManus  
Christene O'Rourke  
J F Stevens  
P Tunna  
N Wood

## **Advisory Members**

Mrs S Kay  
Mrs M Whitgreave  
Miss B Wood  
Father J Dunne  
Mr J M Moores (Junior)  
H Green

# Senior Staff

## HEALTH DEPARTMENT

Medical Officer of Health	Professor Andrew B Semple, CBE, VRD, MD, DPH
Principal Medical Officer (Epidemiology) (A/Deputy in absence of MOH)	R S E Cutliffe MRCS, LRCP, DPH
Principal Medical Officer (Mental Health)	T L Begg, MB, ChB, DPH
Principal Medical Officer (Medical Examinations)	Vacant
Principal Administrative Officer	A C James, Dipl PA

## PERSONAL HEALTH SERVICES DEPARTMENT

Director	Miss Esther M E Ramsay, MB, ChB, DPH
Chief Ambulance Officer	A Guinney
Principal Nursing Officers	Miss A Watson <i>(Retired 23rd February 1973)</i> B H Dickinson <i>(Appointed Director of Nursing Services 1/9/72)</i> Miss I Ferguson <i>(Up to 8th July 1973)</i>
Divisional Nursing Officers – Appointed 9th July 1973	Miss J G Griffith Miss M J Dyke Miss M K O'Connor

## SOCIAL SERVICES DEPARTMENT

Director	Brian Meredith Davies, MD, DPH
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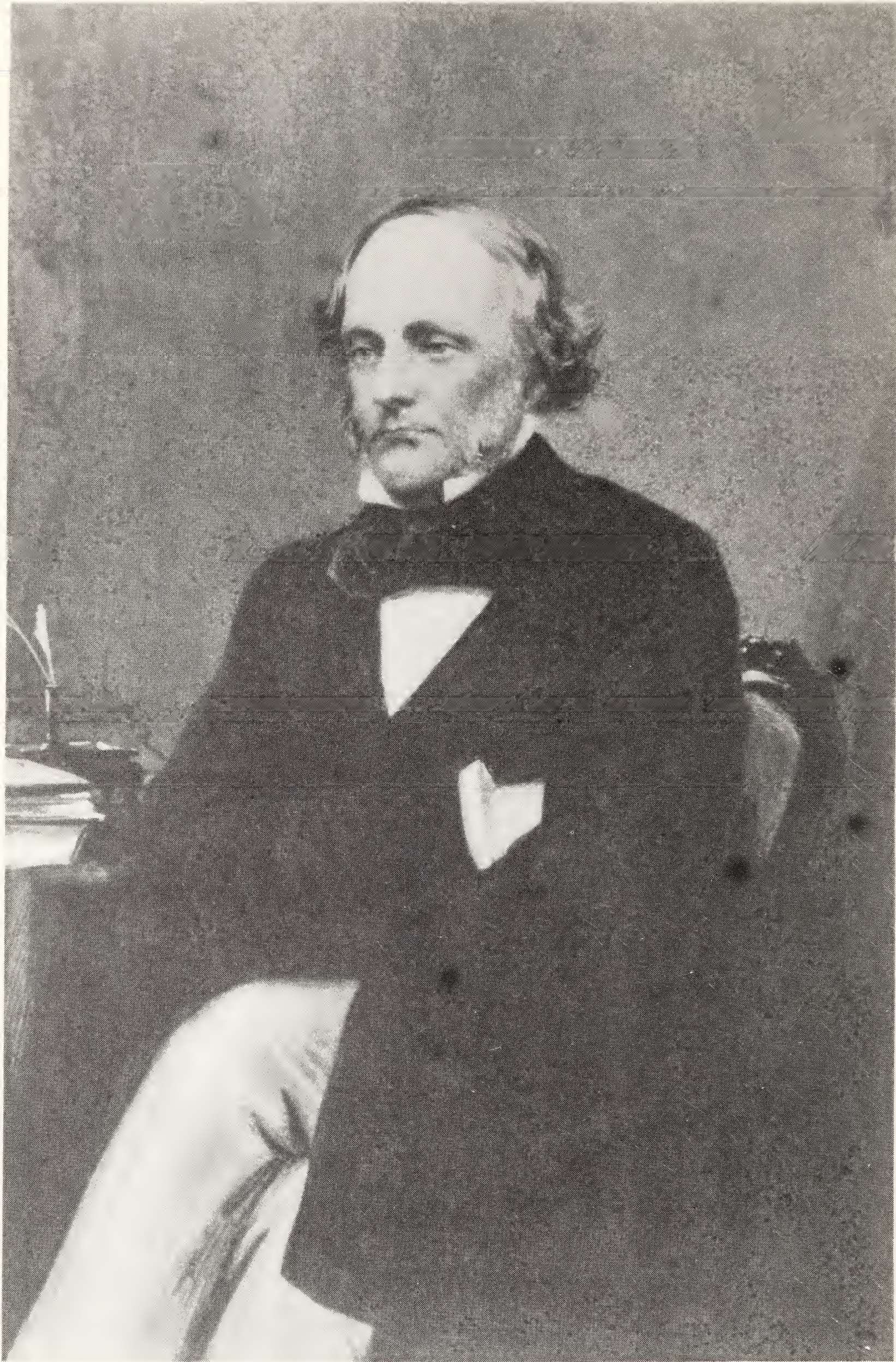
## ENVIRONMENTAL HEALTH AND PROTECTION DEPARTMENT

Director	Miss Audrey Lees, BArch, ARIBA, Dipl TP, MTPI
Chief Public Health Inspector	W H Wattleworth



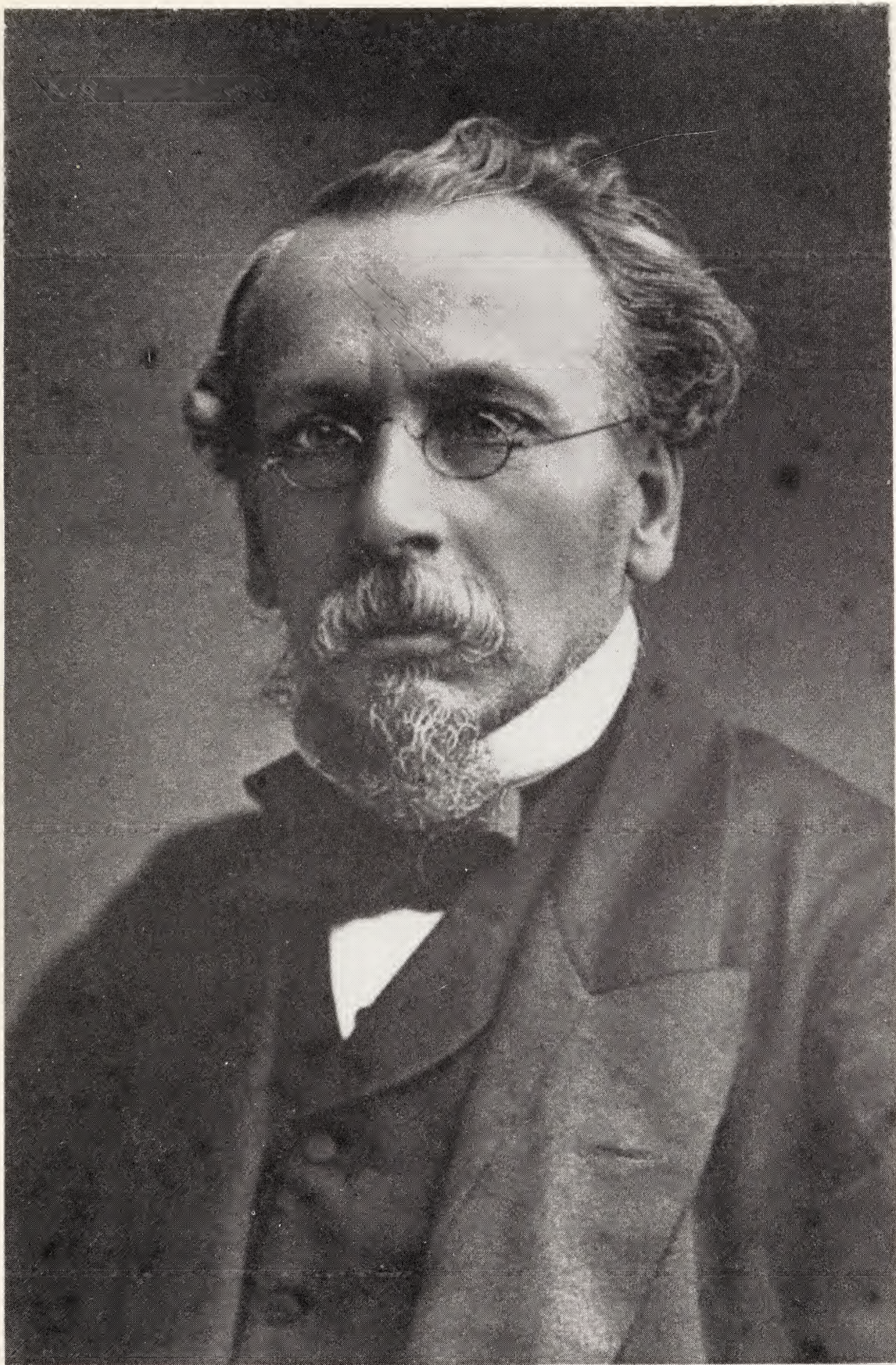
Medical Officers  
of Health  
for Liverpool  
1847-1974





**William Henry Duncan, MD**  
Medical Officer of Health for the Borough

1847–1863



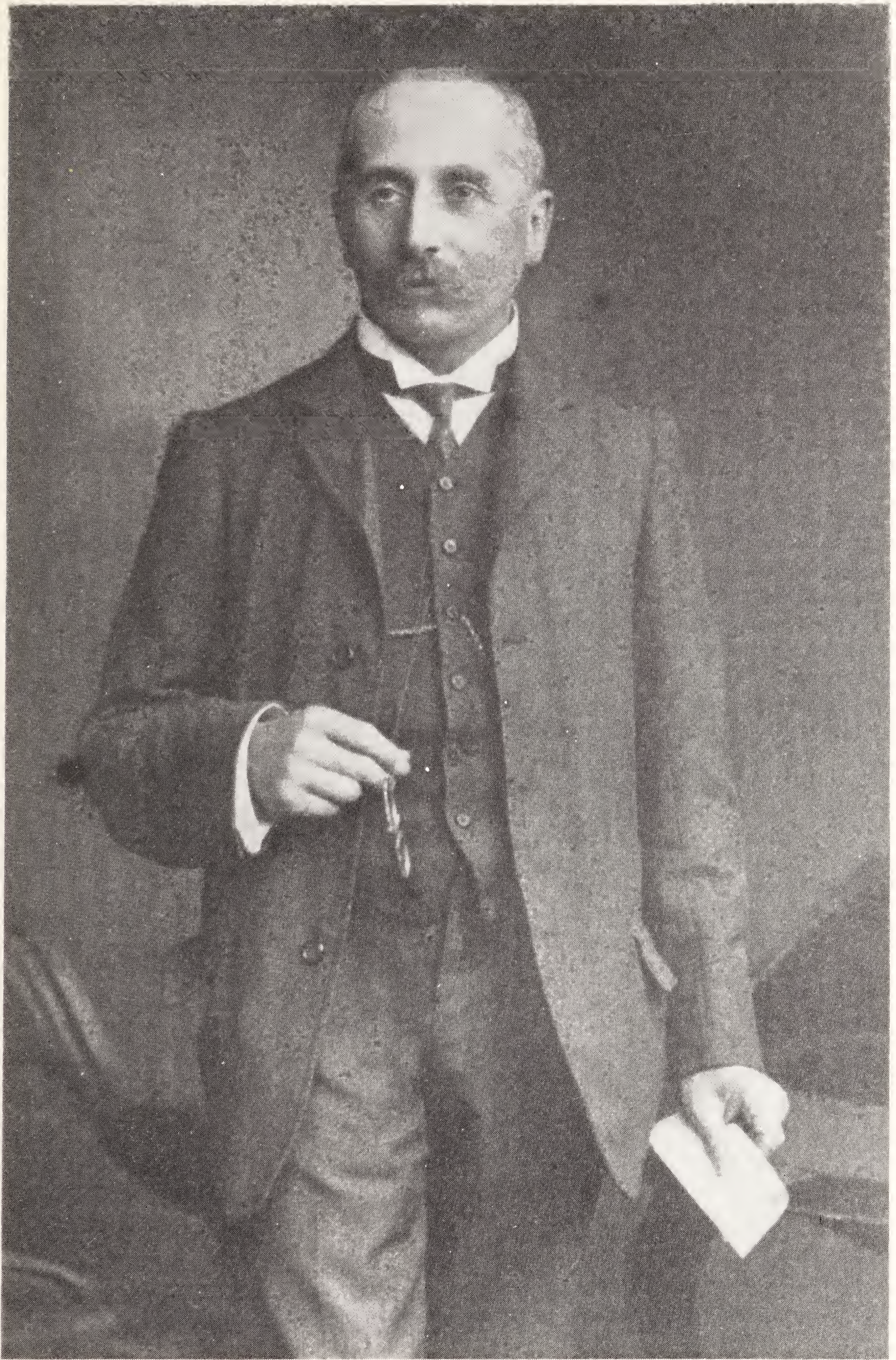
**William Stewart Trench, MD**  
Medical Officer of Health for the Borough

1863-1877



**John Stopford Taylor, MD, FRGS**  
Medical Officer of Health for Port and Borough  
later City and Port

1878-1893



**Edward William Hope, OBE, MD, DSc**  
Medical Officer of Health for City and Port of Liverpool,  
and Medical Officer to Liverpool Education Committee from 1908  
Professor of Hygiene

1894–1924



**Arthur Augustus Mussen, BA, MD, DPH**  
Medical Officer of Health for City and Port of Liverpool  
Medical Officer to Liverpool Education Committee

1924-1931



**William Howll Frazer, OBE, MD, MSc, DPH, Barrister at Law**  
Medical Officer of Health for City and Port of Liverpool.  
Medical Officer to Liverpool Education Committee.  
Professor of Public Health

1931-1953



**Andrew Best Semple, CBE, VRD, MD, FFCM, DPH**  
Medical Officer of Health for City and Port of Liverpool,  
and Principal School Medical Officer.  
Professor of Community and Environmental Health

1953-1974

# Preface

This is the last Annual Report I shall have the honour to present as Medical Officer of Health of the City of Liverpool. It is the 126th in the series, which dates back to the first report written in 1850 by William Henry Duncan. These reports contain a continuous documented and statistically supported programme of community health, and as the last holder of the office I would like to pay a tribute to my predecessors and all the staff who have worked so hard with me during the past 25 years to maintain the steady improvement in the health of the citizens of Liverpool.

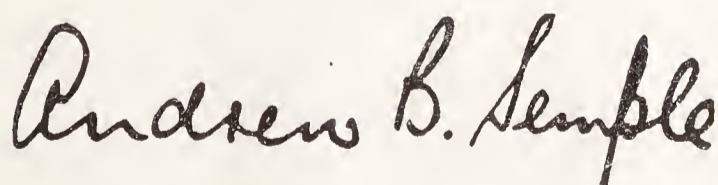
The main demographic feature of 1973 has been once again the considerable decline in the number of live births. the birth rate has now fallen to its lowest during the time that records have been kept, namely 12.9 per 1,000 of the population. When I came to Liverpool in 1948 the birth rate was of the order of 23 per 1,000 of the population, and it has almost halved in this past quarter of a century.

There have been no outbreaks of infectious disease of note during the year, or serious outbreaks of food poisoning, and in general the health of the citizens has been good. The main preoccupation has been the reorganisation of the National Health Service and the integration of the community services with the other health care services. We have now started on a further advance towards an efficient and effective community health care service, and in changing from any traditional role as Medical Officer of Health to that of Area Medical Officer for the coterminous Metropolitan District of Liverpool, I am honoured and pleased to be able to continue my close association with my former local authority colleagues.

I wish to record my thanks to the staff of the Health Department for their continued efforts and loyal support, and to colleagues and members of committees who have been associated with me over the years for encouragement and friendship.

I am,

Your obedient servant,

A handwritten signature in dark ink, reading "Andrew B. Semple". The script is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

*Medical Officer of Health.*





# Vital Statistics

	1971	1972	1973
Area (land and inland water)—acres	27,819	27,819	27,819
Population (Estimated by Registrar-General)	603,210	588,600	574,560
Deaths (all causes)	7,974	7,979	8,044
Death rate per 1,000 (unstandardised)	13.2	13.6	14.0
Live Births	9,551	8,511	7,411
Live Birth rate per 1,000 population	15.8	14.5	12.9
Percentage of illegitimate live births	11.8	12.1	13.3
Stillbirths	150	133	132
Stillbirth rate per 1,000 total (live and still) births	15.5	15.4	17.5
Total Births (live births and still births)	9,701	8,644	7,543
Infant Deaths (under one year)	210	126	145
Infant Mortality rate per 1,000 live births	22.0	14.8	19.6
„ „ „ 1,000 legitimate births	20.9	15.0	19.8
„ „ „ 1,000 illegitimate births	30.9	13.6	18.3
Neo-Natal Mortality rate (under 28 days) per 1,000 related live births	14.4	10.9	12.1
Early Neo-Natal Mortality rate (under one week) per 1,000 related live births	12.3	9.6	11.1
Perinatal Mortality rate (stillbirths and deaths under one week) per 1,000 total live and stillbirths	27.5	24.9	28.4
Maternal Deaths	1	3	1
Maternal Mortality rate per 1,000 total births	0.103	0.347	0.133
Deaths from:			
Pulmonary Tuberculosis	21	21	18
Death rate per 1,000 population (unstandardised)	0.035	0.036	0.031
Non-Pulmonary Tuberculosis	5	4	5
Death rate per 1,000 population (unstandardised)	0.008	0.007	0.009
Respiratory Diseases	1,268	1,283	1,335
Death rate per 1,000 population (unstandardised)	2.1	2.2	2.3
Cancer (all forms)	1,736	1,808	1,767
Death rate per 1,000 population (unstandardised)	2.9	3.1	3.1

## **POPULATION**

The population has continued to fall, the Registrar-General's estimate showing a reduction of 14,040 over the 1972 figure. A table showing population trends from 1961 to 1973 is included in the statistical appendix.

### **Births**

The number of live births again fell by over a thousand to 7,411, the live birth rate creating a new low record of 12.9 per thousand population, compared with the 1972 figures of 8,511 and 14.5. The birth rate of 12.9 was again below the national average which for 1973 was 13.7. The number of illegitimate live births was 986 (13.3% of all live births) as compared with 1,026 (12.1%) in 1972.

### **Stillbirths**

The 132 stillbirths registered in the city during the year represent a stillbirth rate per thousand total live and stillbirths of 17.5. The stillbirth rate among illegitimate babies was 21.8, and among legitimate babies 16.8 per thousand related live and stillbirths.

### **Mortality**

There were 8,044 deaths of Liverpool residents during the year, 3,963 males and 4,081 females. The general death rate was 14.0 per thousand population, as compared with 13.6 in 1972. When adjusted to the Registrar-General's Comparability Factors, which attempt to compensate for differences in the age and sex structure of the local population compared with the national average, the Liverpool rate for both 1973 and 1972 was 14.3. National rates for these years were 12.0 and 12.1. It will be noted that the number of deaths (8,044) was higher than the number of live births (7,411). The last time this happened was in 1866.

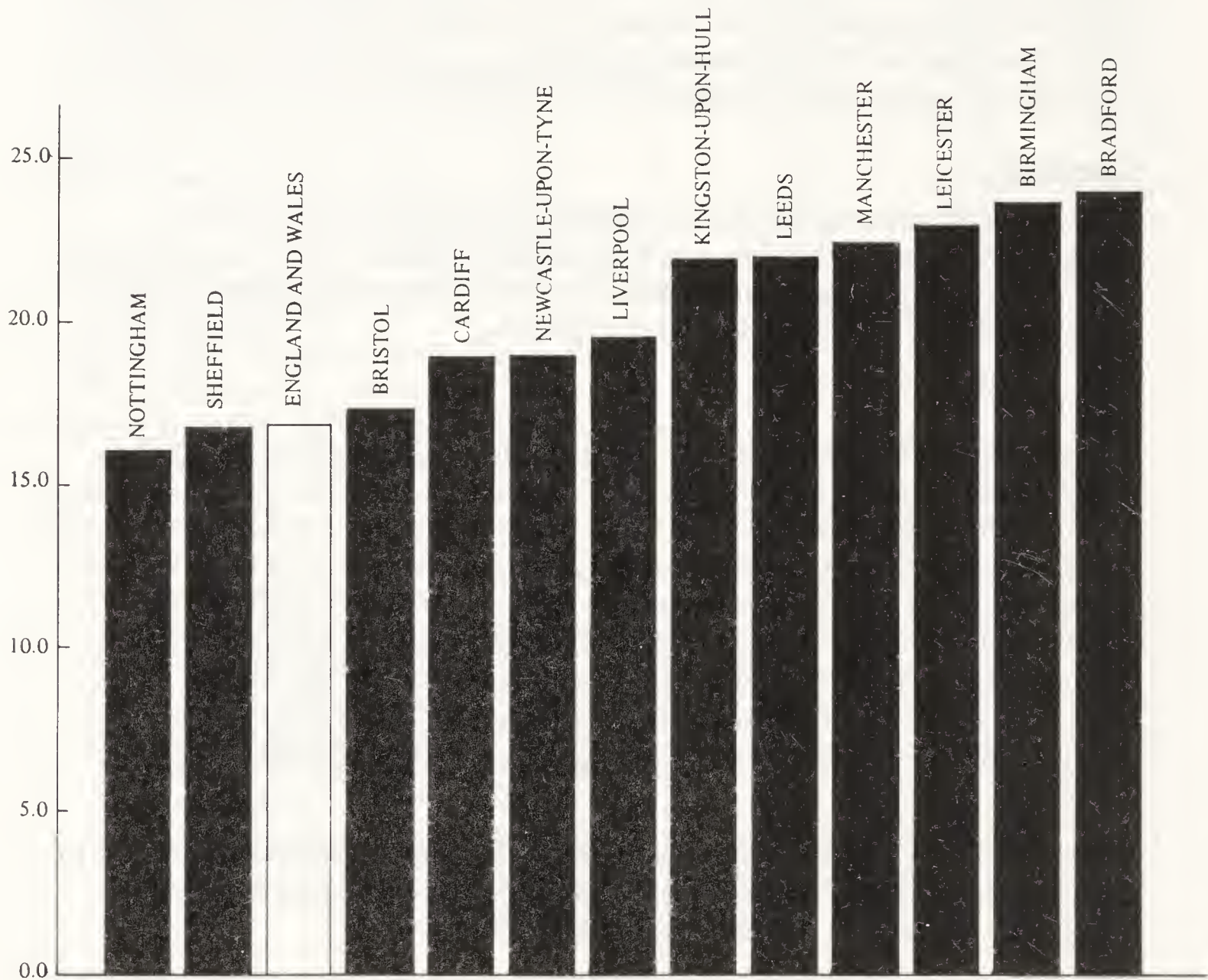
The number of deaths from cancer of the respiratory system increased to 584 compared with 561 in 1972, but the number of deaths from cancer all forms declined to 1,767 from 1,808 in 1972.

The number of deaths from tuberculosis was 25, the same as in 1972. The trends of mortality of certain specified diseases are given in the tables in the statistical appendix.

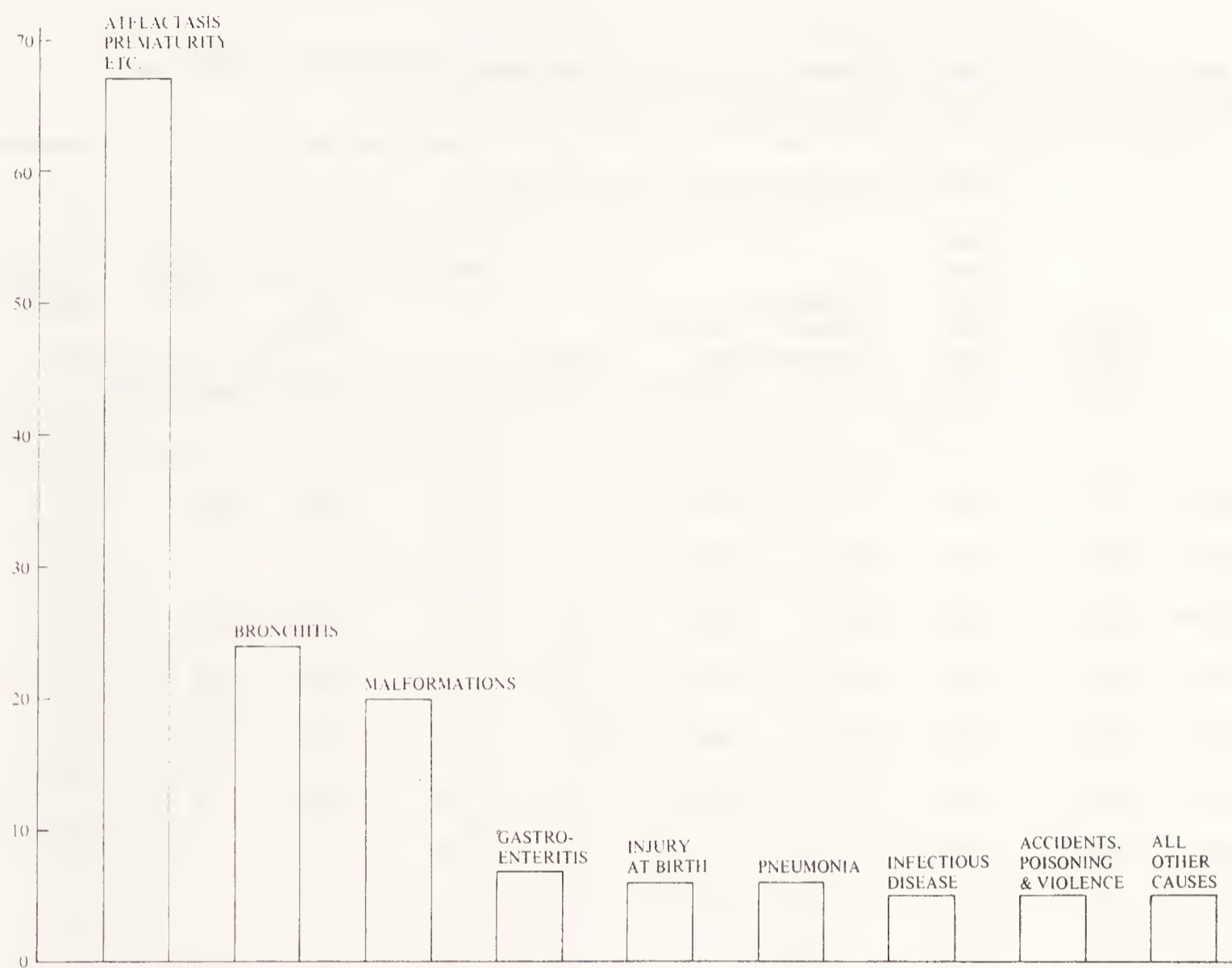
### **Infant Mortality**

The infant mortality rate of 19.6 per thousand live births is above the 1972 record low figure of 14.8 but below the 1971 figure of 22.0. (The national rate for 1973 was 16.9). A total number of 145 infant deaths occurred, of which 18 were deaths of illegitimate children. These figures give an infant mortality rate of 19.8 per thousand legitimate live births, compared with 15.0 in 1972, and an infant mortality rate of 18.3 per thousand illegitimate live births, compared with 13.6 in 1972. The neonatal mortality rate (under 28 days) was 12.1 as compared with 10.9 for the previous year, whilst the early neonatal mortality rate (under one week) was 11.1 as compared with 9.6 per thousand related live births. The principal causes of infant mortality are represented in the following diagram.

CHART SHOWING INFANT MORTALITY FOR A NUMBER OF THE LARGER AUTHORITIES FOR 1973, COMPARED WITH ENGLAND AND WALES



**PRINCIPAL CAUSES OF INFANT MORTALITY - 1973**  
**(Underlying Primary Causes)**



Code Numbers included in each category (List A)

Atelactasis, prematurity, etc.	133-5
Malformations	126-130
Bronchitis	89, 93
Pneumonia	91, 92
Injury at birth	131, 132
Gastroenteritis	5
Violence	138-150
Infectious disease	1-4, 6-44, 72
All other causes	remainder

These code numbers are from the eighth revision of the W.H.O. Manual, published 1967

### Child Mortality

The various causes of child mortality both in total and for specific diseases are given in the table illustrated below.

YEARLY MEAN NUMBER OF DEATHS IN SUCCESSIVE QUINQUENNIA, 1920-1969  
AND TOTAL DEATHS IN THE YEARS 1970, 1971, 1972 AND 1973

Year	Deaths under 1 year	Deaths, 1 year and under 5 years of age							
		Total 1 year and under 5 years of age	Infectious Diseases (including T.B.)	Respira- tory Diseases	Digestive Diseases	Measles	Whoop- ing Cough	Diph- theria	Scarlet Fever
						Included in Infectious Diseases			
1920-24	2,278	1,349	557	513	121	202	109	62	28
1925-29	1,879	1,252	564	461	121	227	118	61	23
1930-34	1,601	890	456	278	63	200	72	79	9
1935-39	1,283	487	243	147	30	79	46	58	3
1940-44	1,140	366	160	94	17	27	23	45	1
1945-49	1,100	168	67	36	13	8	15	9	—
1950-54	553	100	26	22	5	2	4	—	—
1955-59	432	57	7	12	5	1	—	—	—
1960-64	426	52	3	11	3	1	1	—	—
1965-69	280	40	2	7	1	1	—	—	—
1970	225	26	1	5	—	—	—	—	—
1971	210	44	2	11	1	—	—	—	—
1972	126	34	1	5	1	—	—	—	—
1973	145	14	3	3	—	—	—	—	—

### Deaths from Cancer

The total number of deaths from cancer during the year was 1,767 as compared with 1,808 in 1972. The number of deaths from cancer of the respiratory tract was 584, an increase on the figure of 561 for 1972.

**Motor Vehicle Accidents**

The number of deaths from motor vehicle accidents was 86, a decrease of 23 from the figure for 1972. The following figures relate to deaths of Liverpool residents only, including those killed whilst outside Liverpool. Non-Liverpool residents killed in Liverpool are excluded:

Year	Deaths from motor vehicle accidents	Deaths registered outside Liverpool (included in previous column)
1957	93	21
1958	78	13
1959	98	25
1960	119	22
1961	112	24
1962	81	12
1963	86	17
1964	105	21
1965	115	20
1966	115	25
1967	101	17
1968	85	16
1969	86	20
1970	86	18
1971	95	20
1972	109	18
1973	86	13

# Epidemiology

The number of cases of notifiable disease notified in 1973 compared with the preceding four years is shown in the table below:

	1969	1970	1971	1972	1973
Scarlet Fever	329	436	204	200	155
Whooping Cough	209	734	146	50	210
Measles (excluding Rubella)	1,112	7,110	569	3,995	2,104
Poliomyelitis	—	—	—	—	—
Tuberculosis, respiratory	186	169	169	140	153
Tuberculosis, non-respiratory	28	28	34	14	16
Diphtheria	—	—	—	—	—
Smallpox	—	—	—	—	—
Meningitis, Acute	4	5	12	2	63
Acute Encephalitis	—	—	—	—	7
Dysentery	386	84	377	167	4
Ophthalmia Neonatorum	64	80	52	45	39
Paratyphoid Fever	1	1	—	1	1
Typhoid Fever	1	—	1	2	—
Food Poisoning	93	155	107	120	118
Malaria (contracted abroad)	4	2	5	3	5
Anthrax	1	—	—	—	—
Infective Jaundice	381	189	172	195	344
Tetanus	—	—	1	—	—

The number of notifications of infectious diseases received during 1973 was less than in the previous year, mainly because the measles figure fell from 3,995 to 2,104. There was a remarkable fall in the dysentery figure to 4 confirmed cases, from the previous year's total of 167.

Increases occurred in infective jaundice and acute meningitis. There were slight increases in the tuberculosis notifications, but the figures remain below those of 1971 (which were 169 pulmonary and 34 non-pulmonary). Whooping Cough also increased after the record low figure of last year.

**Exclusion of Children from school**

It did not prove necessary to exclude any children from school on account of infectious diseases during the year.

**DYSENTERY**

During 1973, 4 cases were notified. The following table gives the number of dysentery cases notified between 1963 and 1973. (Cases notified as dysentery but not confirmed by laboratory tests are not included.)

1963	383
1964	313
1965	259
1966	372
1967	425
1968	341
1969	386
1970	84
1971	377
1972	167
1973	4

**FOOD POISONING AND SALMONELLA INFECTION (Excluding Typhoid and Paratyphoid)**

It is customary to classify outbreaks of food poisoning and salmonella infection into three groups: (a) general outbreaks, which comprise two or more unrelated cases due to a common cause; (b) family outbreaks where two or more cases are related; or (c) single cases not connected with any others.

The total number of cases coming to the attention of the Department was 118. Of these, 14 occurred in a series of 7 family outbreaks, and 104 occurred in isolation. There were no general outbreaks.

A table giving the organisms found in notified cases is given below:—

Organism	Number of persons from whom organism was isolated
agona	40
bovis morbificans	1
brandenberg	2
colindale	1
derby	2
enteritidis	1
havana	1
heidelberg	1
muenchen	1
newport	21
panama	4
saint paul	2
stanley	13
typhimurium	25
virchow	1
unknown	2
	<hr/> 118 <hr/>

There was one death in a man aged 71 years from salmonella agona enteritis and renal failure.

**INFECTIVE JAUNDICE**

During the year 344 cases were notified. There were also 4 deaths from this cause.

**POLIOMYELITIS**

No cases occurred during the year.

**TYPHOID**

No cases occurred during the year. A person returned from Peru with suspected typhoid but did not prove positive.

**PARATYPHOID**

One case occurred in a lady who had been a passenger on a Mediterranean cruise. Other authorities were notified of contacts.

**PARATYPHOID CONTACTS**

A lady from an adjacent authority returned from a period of travel in the Far East with an illness suspected to be malaria. After she had been admitted to a Liverpool General Hospital the result of a stool already taken showed that she was positive for paratyphoid A. She was therefore transferred to Fazakerley Hospital. Special precautions were taken in the General Hospital to prevent infection, and no further cases occurred.

## **WINTER EPIDEMIC SPOTTING**

With the co-operation of various large employers, figures were obtained of sickness absenteeism from all causes and from influenza during the winter months. These figures showed that at the end of the year general sickness varied from 41 to 97 per thousand employees, whilst influenza varied between one and eleven per thousand. In both sets of figures there was more variation between different firms than between different weeks.

During the whole year there were 25 deaths from influenza, 17 of which occurred in the first three weeks of the year.

Fluctuations in claims for sickness benefit (for all causes) followed a similar pattern to that of 1972.

# Statistical Section

## VITAL STATISTICS

### BIRTH STATISTICS – 1950-1973

1973	Live Births			Stillbirths		
	Males	Females	Total	Males	Females	Total
Legitimate	3,366	3,059	6,425	54	56	110
Illegitimate	494	492	986	10	12	22
Total	3,860	3,551	7,411	64	68	132

Year	Live Births	Birth Rate	Registered Stillbirths	Total Births	Stillbirths per 1,000 Live and Stillbirths	Illegitimate Live Births	
						No.	% of Live Births
1950	16,110	20.1	375	16,485	22.7	968	6.0
1951	15,593	19.9	396	15,989	24.8	859	5.5
1952	15,839	20.0	400	16,239	24.6	876	5.5
1953	16,022	20.3	394	16,416	24.0	873	5.4
1954	15,742	20.5	400	16,142	24.8	847	5.4
1955	15,268	19.6	408	15,676	26.0	785	5.1
1956	15,944	20.6	394	16,338	24.1	801	5.0
1957	16,044	20.9	409	16,453	24.9	854	5.3
1958	15,662	20.5	413	16,075	25.7	799	5.1
1959	15,615	20.6	375	15,990	23.4	815	5.2
1960	15,961	21.1	377	16,338	23.1	868	5.4
1961	16,492	22.1	380	16,872	22.5	946	5.7
1962	16,479	22.1	333	16,812	19.8	1,020	6.2
1963	15,775	21.3	351	16,126	21.8	1,095	6.9
1964	15,625	21.4	283	15,908	17.8	1,199	7.7
1965	14,553	20.2	269	14,822	18.1	1,197	8.2
1966	13,557	19.0	277	13,834	20.0	1,250	9.2
1967	12,583	17.8	223	12,806	17.4	1,296	10.3
1968	11,847	17.2	219	12,066	18.2	1,310	11.1
1969	11,268	16.6	168	11,436	14.7	1,290	11.4
1970	10,673	16.0	174	10,847	16.0	1,231	11.5
1971	9,551	15.8	150	9,701	15.5	1,131	11.8
1972	8,511	14.5	133	8,644	15.4	1,041	12.1
1973	7,411	12.9	132	7,543	17.5	986	13.3

PERCENTAGE OF ILLEGITIMATE LIVE BIRTHS TO TOTAL LIVE BIRTHS

Comparison of Liverpool rates with rates for England and Wales

Liverpool		England and Wales	Liverpool		England and Wales
1942	6.3	5.6	1958	5.1	4.9
1943	7.1	6.4	1959	5.2	5.1
1944	8.3	7.3	1960	5.4	5.4
1945	10.7	9.3	1961	5.7	6.0
1946	7.3	6.6	1962	6.2	6.6
1947	5.8	5.3	1963	6.9	6.9
1948	5.7	5.4	1964	7.7	7.2
1949	5.7	5.1	1965	8.2	7.7
1950	6.0	5.1	1966	9.2	7.9
1951	5.5	4.8	1967	10.3	8.4
1952	5.5	4.8	1968	11.1	8.5
1953	5.4	4.7	1969	11.4	8.4
1954	5.4	4.7	1970	11.5	8.3
1955	5.1	4.7	1971	11.8	8.4
1956	5.0	4.8	1972	12.1	9.0
1957	5.3	4.8	1973	13.3	8.6

POPULATION TRENDS 1961 – 1973 (LIVERPOOL)

Year	Births	Deaths	Natural Increase (Births less Deaths) (2–3)	Registrar- General's estimate of population of preceding year	Natural Increase added to population of previous year (4+5)	Registrar- General's estimate of population of current year	Estimated Net Emigration from the City (6–7)
1	2	3	4	5	6	7	8
1961	16,492	9,262	7,230	754,670	761,900	745,810*	16,090
1962	16,479	9,162	7,317	745,810	753,127	745,230	7,897
1963	15,775	8,908	6,867	745,230	752,097	739,740	12,357
1964	15,625	8,131	7,494	739,740	747,234	729,140	18,094
1965	14,553	8,300	6,253	729,140	735,393	722,010	13,383
1966	13,557	8,295	5,262	722,010	727,272	712,040	15,232
1967	12,583	8,148	4,435	712,040	716,475	705,310	11,165
1968	11,847	7,958	3,889	705,310	709,199	688,010	21,189
1969	11,268	8,317	2,951	688,010	690,961	677,450	13,511
1970	10,673	8,050	2,623	677,450	680,073	667,000	13,073
1971	9,551	7,974	1,577	667,000	668,577	603,210*	65,367†
1972	8,511	7,979	532	603,210	603,742	588,600	15,142
1973	7,411	8,044	–633	588,600	587,967	574,560	13,407

Notes \* Census years.

† It is reasonable to assume that the large figure of 65,367 contains an element of correction for the figures of the inter-census years 1962-1970, which should have been higher than the figures given.

DEATHS FROM PRINCIPAL CAUSES – 1973

Class	Cause Group No. (List A*)	Cause	Male	Female	Total	Rate per 1,000 Population	Percentage of Total Deaths
II	45-49, 52-61	Cancer (except respiratory system)	532	651	1,183	2.06	14.7
II	50, 51	Cancer (respiratory system)	461	123	584	1.02	7.3
VII	81, 83, 84	Heart diseases	1,258	1,287	2,545	4.43	31.6
VII	85	Cerebrovascular disease	344	534	878	1.53	10.9
VII	80, 82, 86-88	Other circulatory diseases	166	239	405	0.70	5.0
VIII	91, 92	Pneumonia	297	432	729	1.27	9.1
VIII	89, 93	Bronchitis	363	169	532	0.93	6.6
IX	97-104	Digestive diseases	86	83	169	0.29	2.1
XIV & XV	126-135	Congenital anomalies and certain causes of perinatal mortality	60	44	104	0.18	1.3
E XVII	138-150	Accidents, poisonings and violence	165	194	359	0.62	4.5
Various	Remainder	All other causes	231	325	556	0.97	6.9
Totals		All causes	3,963	4,081	8,044	14.00	100

\*The code numbers in this and other mortality tables are from the 8th Revision, World Health Organisation Manual, published 1967.

DEATHS FROM CANCER – 1973

Cause Group No. (List A)	Organs affected	Male	Female	Totals
45	Buccal cavity and pharynx	13	6	19
46-49	Oesophagus, stomach, intestines and rectum	218	210	428
50, 51	Larynx, trachea, bronchus and lungs	461	123	584
54	Breast	—	143	143
55, 56	Cervix and uterus	—	53	53
52, 53, 57, 58	Other and unspecified sites	243	192	435
59	Leukaemia	26	17	43
60	Lymphatic and haematopoietic	25	21	46
61	Benign and unspecified neoplasms	7	9	16
	Totals	993	774	1,767

## TRENDS OF MORTALITY – 1950-73

	Deaths from Cancer of the Respiratory System	Deaths from Tuberculosis of the Respiratory System
1950	331	481
1951	334	406
1952	346	269
1953	432	258
1954	383	232
1955	408	185
1956	448	137
1957	448	123
1958	399	109
1959	444	102
1960	457	81
1961	525	80
1962	484	74
1963	483	54
1964	527	38
1965	493	42
1966	528	46
1967	503	44
1968	575	39
1969	546	24
1970	565	24
1971	567	21
1972	561	21
1973	584	18

## DEATHS FROM LEUKAEMIA – 1960-73 (I.C.D. Nos. 204–7)

Year	Male	Female	Total
1960	27	21	48
1961	22	16	38
1962	14	22	36
1963	25	16	41
1964	21	15	36
1965	26	15	41
1966	20	14	34
1967	14	16	30
1968	25	19	44
1969	23	15	38
1970	24	22	46
1971	23	8	31
1972	21	21	42
1973	26	17	43

# MATERNAL MORTALITY – 1930-1973

Year	Births Registered			Maternal Mortality	
	Live Births	Stillbirths	Total Births	Deaths	Rate per 1,000 Total Births
1930	18,881	774	19,655	75	3.81
1931	18,626	722	19,348	55	2.84
1932	18,149	827	18,976	51	2.69
1933	16,929	680	17,609	60	3.41
1934	17,593	685	18,278	51	2.79
1935	17,347	749	18,096	59	3.26
1936	17,403	708	18,111	64	3.52
1937	16,728	618	17,346	40	2.31
1938	16,175	639	16,814	33	1.96
1939	15,614	631	16,245	29	1.86
1940	15,016	519	15,535	31	2.01
1941	13,291	508	13,799	32	2.42
1942	13,729	552	14,281	34	2.38
1943	14,432	485	14,917	34	2.27
1944	15,412	492	15,904	31	1.95
1945	14,784	431	15,215	23	1.51
1946	18,528	539	19,067	19	0.99
1947	19,904	514	20,418	17	0.83
1948	17,695	479	18,174	14	0.77
1949	16,551	358	16,909	9	0.53
1950	16,110	375	16,485	7	0.42
1951	15,593	396	15,989	10	0.62
1952	15,839	400	16,289	7	0.43
1953	16,022	394	16,416	5	0.30
1954	15,742	400	16,142	8	0.49
1955	15,268	408	15,676	9	0.57
1956	15,944	394	16,338	7	0.43
1957	16,044	409	16,453	7	0.42
1958	15,662	413	16,075	4	0.25
1959	15,615	375	15,990	5	0.31
1960	15,961	377	16,338	5	0.31
1961	16,492	380	16,872	2	0.12
1962	16,479	333	16,812	5	0.30
1963	15,775	351	16,126	4	0.25
1964	15,625	283	15,908	3	0.19
1965	14,553	269	14,822	1	0.067
1966	13,557	277	13,834	—	—
1967	12,583	223	12,806	1	0.078
1968	11,847	219	12,066	1	0.083
1969	11,268	168	11,436	4	0.35
1970	10,673	174	10,847	3	0.28
1971	9,551	150	9,701	1	0.10
1972	8,511	133	8,644	3	0.35
1973	7,411	132	7,543	1	0.13

## INFANT MORTALITY – 1973

Deaths from stated causes at various ages under one year

Cause of Death	Cause Group No. List A	Under 1 week	7–27 days	1–6 months	7–11 months	Total Deaths under 1 year
Meningococcal Infection	19	—	—	2	—	2
Measles	25	—	—	—	—	—
Pneumonia	91, 92	—	1	4	1	6
Bronchitis	89, 93	1	2	17	4	24
Enteritis	5	—	—	7	—	7
Congenital Anomalies	126-130	9	2	9	—	20
Injury at Birth	131, 132	6	—	—	—	6
Other Diseases of Early Infancy	133-135	63	2	2	—	67
Other causes	—	3	1	4	5	13
Totals		82	8	45	10	145
Live Births in the year	Legitimate 6,425 Illegitimate 986			Deaths	Legitimate Infants 127 Illegitimate Infants 18	

## CAUSES OF DEATH – 1973

(This table relates to underlying primary causes of death, as in previous annual reports)

Class	Male	Female	Total	Rate per 1,000 Population	Percentage of total deaths
I Infective and Parasitic Diseases	31	24	55	0.10	0.68
II Neoplasms	993	774	1,767	3.08	21.97
III Endocrine, Nutritional and Metabolic Diseases	31	55	86	0.15	1.07
IV Diseases of Blood and Blood-forming Organs	8	25	33	0.06	0.41
V Mental Disorders	3	8	11	0.02	0.14
VI Diseases of the Nervous System and Sense Organs	39	40	79	0.41	0.98
VII Diseases of the Circulatory System	1,767	2,061	3,828	6.66	47.59
VIII Diseases of the Respiratory System	697	638	1,335	2.32	16.60
IX Diseases of the Digestive System	86	83	169	0.29	2.10
X Diseases of the Genito-Urinary System	51	63	114	0.20	1.42
XI Complications of Pregnancy, Childbirth and the Puerperium	—	1	1	0.00	0.01
XII Diseases of the Skin and Subcutaneous Tissue	4	3	7	0.01	0.09
XIII Diseases of the Musculo-skeletal System and Connective Tissue	8	34	42	0.07	0.52
XIV Congenital Anomalies	15	16	31	0.05	0.39
XV Certain Causes of Perinatal Mortality	45	28	73	0.13	0.91
XVI Symptoms and Ill-defined Conditions	20	34	54	0.09	0.67
XVII Accidents, Poisonings and Violence (External Cause)	165	194	359	0.62	4.46
Totals	3,963	4,081	8,044	14.00	100

POPULATION, BIRTH RATES, DEATH RATES, INFANT AND MATERNAL MORTALITY, ETC., OF A NUMBER OF THE LARGER AUTHORITIES  
IN 1973

	Birming- ham	Bradford	Bristol	Cardiff	Kingston- upon-Hull	Leeds	Leicester	Liverpool	Man- chester	Newcastle upon-Tyne	Notting- ham	Sheffield
Registrar-General's estimated population	1,004,030	292,340	421,800	276,880	281,560	500,200	287,350	574,560	530,580	212,430	294,700	511,860
Comparability factor: (a) Births	1.02	1.03	1.04	0.99	0.99	0.96	0.98	1.02	0.96	0.99	1.03	1.05
(b) Deaths	1.04	1.01	0.89	1.04	1.12	1.04	0.96	1.02	1.06	0.94	1.00	0.96
Crude birth rate per 1,000 population	14.34	15.9	12.7	13.3	15.6	13.00	13.8	12.9	12.98	12.0	14.7	11.7
Birth rate as adjusted by factor	14.62	16.4	13.1	13.2	15.5	12.5	13.5	13.2	12.46	11.8	15.1	12.3
Illegitimate live births as a percentage of all live births	12.57	12.0	11.0	12.9	13.0	15.1	13.7	13.3	21.68	14.0	19.0	9.5
Crude death rate per 1,000 population	12.11	13.1	12.8	12.4	12.0	11.7	11.9	14.0	13.52	15.1	12.7	13.1
Death rate as adjusted by factor	12.59	13.2	11.4	12.9	13.4	12.2	11.4	14.3	14.33	14.2	12.7	12.6
Infant mortality rate per 1,000 live births	23.68	24.0	17.4	19.0	22.0	22.0	23.0	19.6	22.36	19.0	16.00	16.8
Neonatal mortality rate per 1,000 live births	15.49	14.0	11.6	11.0	13.0	14.0	16.0	12.1	14.67	11.0	8.0	10.8
Stillbirth rate per 1,000 total births	12.62	12.0	13.9	15.0	11.0	13.0	15.0	17.5	12.62	7.0	12.0	11.5
Perinatal mortality rate per 1,000 total births	25.78	24.0	20.7	24.0	22.0	24.0	28.0	28.4	25.67	17.0	18.0	21.2
Maternal mortality rate per 1,000 total births	0.55	0.213	0.18	-	0.5	0.30	-	0.133	-	-	-	0.16
Tuberculosis rates per 1,000 population												
(a) Primary notifications:												
Respiratory	0.32	0.540	0.18	0.23	0.19	0.26	0.46	0.266	0.33	0.24	0.24	0.162
Non-respiratory	0.11	0.174	0.04	0.06	0.05	0.06	0.33	0.028	0.05	0.04	0.07	0.053
(b) Deaths:												
Respiratory	0.03	0.031	0.0142	0.025	0.03	0.02	0.02	0.031	0.05	0.06	0.04	0.014
Non-respiratory	-	0.010	0.00474	-	-	-	0.01	0.009	0.01	-	0.006	0.004
Death rates per 1,000 population from:												
Cancer (all forms)	2.64	2.524	2.1	2.41	2.8	2.39	2.48	3.08	2.90	3.48	2.62	2.84
Cancer of Lungs and Bronchus	0.73	0.646	0.6970	0.55	0.8	0.75	0.56	1.02	0.95	1.15	0.70	0.91
Meningococcal Infections	-	0.007	0.00711	0.014	0.004	-	0.01	0.009	0.01	-	0.0003	0.006
Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-
Influenza	0.03	0.058	0.0474	0.04	0.85	0.060	0.04	0.045	0.04	0.06	0.02	0.10
Measles	-	-	-	0.0036	-	-	-	-	-	-	-	-
Acute Poliomyelitis and Encephalitis	-	-	-	-	-	-	-	-	-	-	-	-
Diarrhoea (under 2 years)	0.013	-	-	-	-	-	-	-	-	-	-	0.002
Diarrhoea (under 2 years)	-	-	-	-	-	-	0.02	0.012	0.01	-	0.04	0.010
per 1,000 live births	0.90	0.002	-	-	-	0.45	1.26	0.945	0.59	-	2.53	0.832

ANALYSIS OF CAUSES OF INFANT MORTALITY IN SUCCESSIVE QUINQUENNIA 1896–1970,  
AND THE YEARS 1971, 1972 AND 1973

(A) – Recorded Deaths

	1	2	3	4	5	6	7	8	9
Years	Total Live Births	Total Deaths Under 1 Year of Age	Infectious Diseases (exclud- ing Tubercu- losis)*	Tuber- cular Diseases	Nervous Diseases	Respira- tory Diseases	Digestive Diseases	Malforma- tions Premature Birth, Maras- mus &c.	External Causes
1896/1900	111,700	21,160	1,508	698	2,476	3,575	6,376	5,698	819
1901/1905	118,801	20,353	1,546	644	2,516	3,484	5,187	5,732	565
1906/1910	118,313	17,739	1,613	465	2,052	3,146	3,902	5,520	539
1911/1915	111,872	15,458	1,309	345	1,432	2,916	3,635	4,953	426
1916/1920	99,451	11,510	1,116	202	1,083	2,821	1,872	4,107	179
1921/1925	104,217	10,497	1,066	200	573	2,776	1,786	3,764	120
1926/1930	95,701	9,002	978	109	401	2,553	1,670	2,981	81
1931/1935	88,644	7,904	902	82	368	2,050	1,184	3,125	67
1936/1940	80,936	6,226	573	74	519	1,457	698	2,691	84
1941/1945	71,648	5,512	341	71	403	1,704	548	2,193	131
1946/1950	88,788	5,034	311	47	213	1,109	963	2,226	111
1951/1955	78,464	2,626	83	10	28	480	132	1,792	63
1956/1960	79,226	2,149	31	–	24	384	82	1,576	30
1961/1965	78,924	2,006	19	2	20	409	83	1,406	52
1966/1970	59,928	1,299	45*	–	25	267	53	864	45
1971	9,551	210	14	–	4	42	2	141	7
1972	8,511	126	4	–	2	18	3	92	7
1973	7,411	145	11	–	1	30	–	98	5

\*Since 1968 this column has included cases of Enteritis and other Diarrhoeal Diseases, previously included in column 7.

(B) – Death Rates

	1	Death Rates per 1,000 Live Births							
		2	3	4	5	6	7	8	9
Years	Birth Rate per 1,000 population	All Deaths Under 1 Year of Age	Infectious Diseases (excluding Tuberculosis)*	Tubercular Diseases	Nervous Diseases	Respiratory Diseases	Digestive Diseases	Malformations Premature Birth, Marasmus &c.	Extern Causes
1896/1900	33.4	189	12.7	6.2	22.1	32.0	57.1	51.0	7.3
1901/1905	33.4	172	13.0	5.5	21.2	29.3	43.7	48.1	4.7
1906/1910	32.2	149	13.6	3.9	17.4	26.6	33.0	46.7	4.6
1911/1915	29.3	137	11.6	3.1	12.8	26.1	32.6	43.1	3.8
1916/1920	24.9	116	11.1	2.0	10.9	28.4	18.8	42.0	1.8
1921/1925	25.1	100	10.2	1.9	5.5	26.6	17.1	36.1	1.2
1926/1930	22.1	94	10.2	1.1	4.2	26.7	17.4	31.1	0.8
1931/1935	20.5	89	10.1	0.9	4.2	23.1	13.4	35.3	0.8
1936/1940	19.4	77	7.0	0.9	6.4	17.9	8.8	32.9	1.0
1941/1945	21.3	78	4.8	1.0	5.6	24.1	7.7	30.7	1.8
1946/1950	22.9	56	3.4	0.5	2.3	12.3	10.5	25.1	1.2
1951/1955	20.1	33	1.0	0.1	0.3	6.1	1.7	22.8	0.8
1956/1960	20.7	27	0.4	—	0.3	4.9	1.1	19.9	0.4
1961/1965	21.4	25	0.2	0.03	0.3	5.2	1.1	17.8	0.7
1966/1970	17.4	22	0.8	—	0.4	4.5	0.9	14.4	0.8
1971	15.8	22	1.5	—	0.4	4.4	0.2	14.8	0.7
1972	14.5	15	0.5	—	0.2	2.1	0.4	10.8	0.8
1973	12.9	20	1.5	—	0.1	4.0	—	13.2	0.7

\*Since 1968 this column has included cases of Enteritis and other Diarrhoeal Diseases, previously included in column 7.

## ANALYSIS OF ALL DEATHS BY AGE AND SEX – 1973

Age Group	Male	Female	Total
Under 1 year	87	58	145
1	3	4	7
2	1	2	3
3	1	—	1
4	3	—	3
5—	12	5	17
10—	12	7	19
15—	11	6	17
20—	15	13	28
25—	14	10	24
30—	19	12	31
35—	37	19	56
40—	62	39	101
45—	123	82	205
50—	242	157	399
55—	312	205	517
60—	541	263	804
65—	645	462	1,107
70—	665	569	1,234
75—	512	652	1,164
80—	385	707	1,092
85—	186	513	699
90—	63	236	299
95—	12	60	72
Totals	3,963	4,081	8,044

# ANALYSIS OF INFANT DEATHS BY AGE AND SEX – 1973

Age Groups	Male	Female	Total	
Under 1 day	34	21	55	
1 day	4	2	6	
2 days	5	2	7	
3 days	4	1	5	
4 days	3	3	6	
5 days	1	2	3	
6 days	—	—	—	
<b>Total under 1 week</b>	<b>51</b>	<b>31</b>	<b>82</b>	<b>(A)</b>
1 week (7–13 days)	2	1	3	
2 weeks (14–20 days)	—	2	2	
3 weeks (21–27 days)	2	1	3	
<b>Total (7–27 days)</b>	<b>4</b>	<b>4</b>	<b>8</b>	<b>(B)</b>
<b>Total under 28 days</b>	<b>55</b>	<b>35</b>	<b>90</b>	<b>(A+B)</b>
1 month	5	5	10	
2 months	7	3	10	
3 months	4	6	10	
4 months	3	4	7	
5 months	4	—	4	
6 months	2	2	4	
<b>Total (1–6 months)</b>	<b>25</b>	<b>20</b>	<b>45</b>	<b>(C)</b>
7 months	3	2	5	
8 months	—	—	—	
9 months	1	1	2	
10 months	1	—	1	
11 months	2	—	2	
<b>Total (7–11 months)</b>	<b>7</b>	<b>3</b>	<b>10</b>	<b>(D)</b>
<b>Total under 12 months</b>	<b>87</b>	<b>58</b>	<b>145</b>	<b>(A+B+C+D)</b>

**TOTAL PRIMARY AND SECONDARY CAUSES OF DEATH  
REPORTED ON DEATH CERTIFICATES – 1973**

(N.B.—Numbers relate to causes, not individual deaths)

	Cause	Male	Female	Total	Totals expressed as percentage of all causes
Underlying Primary	1	3,963	4,081	8,044	54.4
Other Primary	2	1,883	2,044	3,927	26.5
„ „	3	244	344	588	4.0
„ „	4	5	9	14	0.1
Total Primary		6,095	6,478	12,573	85.0
Secondary	2	528	589	1,117	7.6
„	3	468	445	913	6.2
„	4	79	111	190	1.3
Total Secondary		1,075	1,145	2,220	15.0
Total all causes		7,170	7,623	14,793	100

**Explanatory Note**

The coding procedure employed allows of the coding of up to four causes of death.

“Underlying primary” is defined as “(a) the disease or injury which initiated the train of morbid events leading directly to death, or (b) the circumstances of the accident or violence which produced the fatal injury”. In the above table it is given as Cause 1, but is not necessarily the first entry on the death certificate.

“Other primary” includes any other causes in Part I of the death certificate and “secondary” includes any causes in Part II of the death certificate.

At least one cause, the underlying primary, must be primary, but the other causes (if any) may be either primary or secondary, or any combination of the two. The numbers 2, 3 or 4 indicate the order of these causes, as categorised for tabulation, not necessarily as they appear on the death certificate.

SUMMARY OF DEATHS FROM CARDIOVASCULAR AND RESPIRATORY  
CAUSES FOR CERTAIN OCCUPATIONS – 1973

The following codes of causes of death (W.H.O. 8th Revision Intermediate List of 150 causes) are included: A81–84, 86–93, 95–96. Underlying causes only.

Age Group	Fitters & Turners		Managerial Staffs, Trade & Industry		Shopkeepers	
	Male	Female	Male	Female	Male	Female
35 – 39	1	–	–	–	1	–
40 – 44	1	–	–	–	–	–
45 – 49	4	–	2	–	–	–
50 – 54	11	–	7	–	–	2
55 – 59	4	–	6	–	1	–
60 – 64	7	–	8	–	3	1
65 – 69	9	–	14	1	10	4
70 – 74	10	–	8	–	11	1
75 – 79	8	–	8	–	11	1
80 – 84	8	–	7	1	8	–
85 – 89	1	–	3	1	5	1
90 – 94	–	–	3	1	–	1
95 –	–	–	–	–	–	–
	64	–	66	4	50	11
Deaths from <i>all</i> causes in these occupations	116	–	123	9	95	22



DETAILS OF THE BROAD GROUPS OF CAUSES USED IN THE SUMMARY BY AGE GROUP OF DEFINED CAUSES OF DEATH – 1973

Code numbers relate to the Intermediate List of 150 causes (List A) in the W.H.O. Manual (1967 edition).

Infectious and Infective Diseases

A 1-44, A72, A80, A81, A89-93, A99  
A100, A105, A106.

Congenital Anomalies, etc.

A126-132, A134, A135.

Neoplastic Diseases

A45-61.

Trauma

A138-150 inclusive.

Degenerative Diseases

A82-85, A98. A102, A109,  
A136, A137.

Other causes

All remaining causes in List A, viz.:—  
A62-71, A73-79, A86-88, A94-97, A101, A103, A104,  
A107, A108, A110-125, A133.

SUMMARY BY AGE GROUPS OF DEFINED CAUSES OF DEATH – 1973 (N.B.—Numbers relate to causes not individual deaths).

Age Groups	0-4 years		5-14 years		15-24 years		25-34 years		35-44 years		45-54 years		55-64 years		65 yrs. & over		Totals		Sex Ratio as Percentage		Percentage Total Causes
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Infectious/Infective	26	21	3	3	4	1	5	3	8	11	45	36	127	62	545	613	763	750	50%	50%	10.2%
	5	3	1	1	1	2	5	3	10	4	41	31	107	70	471	521	641	635	50%	50%	8.6%
	2	—	1	—	—	—	1	—	7	1	17	14	75	22	177	114	280	151	65%	35%	2.9%
Totals	33	24	5	4	5	3	11	6	25	16	103	81	309	154	1,193	1,248	1,684	1,536	52%	48%	21.8%
Neoplastic	1	1	5	2	6	3	3	5	11	27	104	90	275	155	588	491	993	774	56%	44%	11.9%
	—	—	—	—	1	—	—	1	2	9	31	32	61	58	124	136	219	236	48%	52%	3.1%
	—	—	—	—	—	—	—	—	—	1	6	7	18	13	93	74	117	95	55%	45%	1.4%
Totals	1	1	5	2	7	3	3	6	13	37	141	129	354	226	805	701	1,329	1,105	55%	45%	16.5%
Degenerative	1	1	—	—	1	1	9	1	50	8	170	70	393	178	1,069	1,601	1,693	1,860	48%	52%	24.0%
	1	2	3	1	1	—	3	5	14	7	59	51	167	100	484	795	732	961	43%	57%	11.4%
	—	—	—	—	1	—	1	—	3	1	24	17	56	27	259	326	344	371	48%	52%	4.8%
Totals	2	3	3	1	3	1	13	6	67	16	153	138	616	305	1,812	2,722	2,769	3,192	46%	54%	40.3%

Congenital		55	38	3	2	1	—	—	1	—	—	—	1	1	—	—	—	1	60	43	58%	42%	103	0.7%
Underlying Primary		24	18	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	24	19	56%	44%	43	0.3%
Other Primary		6	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	7	3	70%	30%	10	0.1%
Secondary																								
Totals		85	57	3	2	1	—	—	1	—	1	—	1	1	—	1	3	91	65	58%	42%	156	1.1%	
Trauma																								
Underlying Primary		9	1	10	5	13	9	15	7	22	6	25	14	19	18	52	134	165	194	46%	54%	359	2.4%	
Other Primary		—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	100%	—	1	0.0%	
Secondary		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	100%	2	0.0%	
Totals		9	1	10	5	13	9	15	7	22	6	25	14	19	18	53	136	166	196	46%	54%	362	2.4%	
Other Causes																								
Underlying Primary		3	2	3	—	1	5	1	5	8	6	21	28	38	55	214	359	289	460	39%	61%	749	5.1%	
Other Primary		2	1	3	2	4	1	4	2	14	9	48	26	104	63	336	442	515	546	49%	51%	1,061	7.2%	
Secondary		2	2	1	2	4	2	—	—	4	3	16	17	51	56	249	441	327	523	38%	62%	850	5.7%	
Totals		7	5	7	4	9	8	5	7	26	18	85	71	193	174	799	1,242	1,131	1,529	43%	57%	2,660	18.0%	
Summary of above totals																								
Infectious/Infective		33	24	5	4	5	3	11	6	25	16	103	81	309	154	1,193	1,248	1,684	1,536	52%	48%	3,220	21.8%	
Neoplastic		1	1	5	2	7	3	3	6	13	37	141	129	354	226	805	701	1,329	1,105	55%	45%	2,434	16.5%	
Degenerative		2	3	3	1	3	1	13	6	67	16	253	138	616	305	1,812	2,722	2,769	3,192	46%	54%	5,961	40.3%	
Congenital		85	57	3	2	1	—	—	1	—	1	—	1	1	—	1	3	91	65	58%	42%	156	1.1%	
Trauma		9	1	10	5	13	9	15	7	22	6	25	14	19	18	53	136	166	196	46%	54%	362	2.4%	
Other Causes		7	5	7	4	9	8	5	7	26	18	85	71	193	174	799	1,242	1,131	1,529	43%	57%	2,660	18.0%	
Totals		137	91	33	18	38	24	47	33	153	94	607	434	1,492	877	4,663	6,052	7,170	7,623	48.5%	51.5%	14,793	100%	

ANALYSIS OF CAUSES OF MORTALITY  
Deaths from certain Groups of Diseases in each decade from 1871 to 1970, and the years 1971, 1972 and 1973

Years	(a) Infective diseases (less Influenza and Tuberculosis)	(b) Tubercular diseases	(c) Respiratory diseases (including Influenza)	(d) Digestive diseases	Total Deaths from (a), (b), (c) & (d)	(e) Cancer	Total Deaths from all causes
1871-1880	27,205 (19.2)	19,869 (13.5)	29,763 (20.2)	14,747 (10.0)	91,584 (62.9)	2,015 (1.4)	147,005
1881-1890	19,748 (14.1)	17,870 (12.7)	32,507 (23.2)	13,186 (9.4)	86,311 (59.4)	2,820 (2.0)	146,195
1891-1900	13,515 (9.3)	16,714 (10.8)	35,819 (24.6)	18,491 (12.7)	84,539 (57.4)	4,223 (2.9)	145,522
1901-1910	13,967 (8.6)	16,054 (10.6)	32,995 (21.8)	18,163 (12.0)	81,179 (53.0)	6,480 (4.3)	150,962
1911-1920	10,417 (7.9)	14,946 (10.9)	36,480 (27.3)	12,282 (8.9)	74,125 (55.0)	7,603 (5.5)	137,323
1921-1930	7,831 (6.6)	12,664 (10.7)	29,447 (25.0)	8,184 (6.9)	58,126 (49.4)	9,852 (8.4)	117,756
1931-1940	6,473 (5.6)	9,413 (8.1)	18,196 (15.7)	5,987 (5.2)	40,069 (34.7)	12,619 (10.9)	115,632
1941-1950	2,645 (2.6)	6,987 (7.1)	15,728 (15.9)	4,328 (4.4)	29,723 (30.1)	13,265 (13.7)	98,347
1951-1960	621 (0.7)	2,063 (2.2)	15,315 (16.8)	2,570 (2.8)	20,569 (22.5)	15,986 (17.7)	90,642
1961-1970	265 (0.3)	512 (0.6)	14,674 (17.3)	2,014 (2.4)	17,465 (20.6)	17,159 (20.3)	84,591
1971	26 (0.3)	26 (0.3)	1,268 (15.9)	160 (2.0)	1,480 (18.6)	1,736 (21.8)	7,974
1972	14 (0.2)	25 (0.3)	1,283 (16.1)	178 (2.2)	1,500 (18.8)	1,808 (22.7)	7,979
1973	30 (0.4)	25 (0.3)	1,335 (16.6)	169 (2.1)	1,559 (19.4)	1,767 (22.0)	8,044

Figures in parenthesis indicate the percentage of total deaths from all causes (Proportionate Mortality)  
Since 1962 the columns have included the following classes:—

Column	(a) Class I less Tuberculosis
”	(c) Class VIII
”	(d) Class IX
”	(e) Class II

# TUBERCULOSIS RATES

## INCIDENCE, PREVALENCE AND MORTALITY RATES FOR PERIOD 1961 – 1973 INCLUSIVE

Year	Incidence Rate per 1,000 of population			Prevalence Rate per 1,000 of population *			Mortality Rate per 1,000 of population		
	Pulmonary	Non Pulmonary	Over-all Total	Pulmonary	Non Pulmonary	Over-all Total	Pulmonary	Non Pulmonary	Over-all Total
1961	0.54	0.07	0.62	10.14	0.65	10.79	0.107	0.008	0.115
1962	0.59	0.07	0.65	9.05	0.61	9.66	0.099	0.009	0.109
1963	0.53	0.06	0.59	8.02	0.54	8.57	0.073	0.005	0.078
1964	0.37	0.04	0.41	7.14	0.51	7.64	0.052	0.004	0.056
1965	0.34	0.05	0.39	5.84	0.39	6.23	0.058	0.001	0.060
1966	0.33	0.04	0.37	5.17	0.39	5.56	0.065	0.007	0.072
1967	0.33	0.04	0.37	4.59	0.39	4.98	0.061	0.007	0.068
1968	0.32	0.05	0.37	4.05	0.39	4.44	0.057	0.007	0.064
1969	0.27	0.04	0.32	3.41	0.38	3.79	0.037	0.004	0.041
1970	0.25	0.04	0.30	3.15	0.40	3.55	0.036	0.010	0.046
1971	0.28	0.06	0.34	2.99	0.32	3.31	0.035	0.008	0.043
1972	0.24	0.02	0.26	2.74	0.32	3.06	0.036	0.007	0.042
1973	0.27	0.03	0.29	2.89	0.28	3.17	0.031	0.009	0.040

\*No of cases on register at beginning of year x 1,000

Population as at Mid-year.

TUBERCULOSIS

NOTIFICATIONS – AGE GROUPS – 1973

Age	Male	Female	Total
–1	–	–	–
1–	–	–	–
2–	1	–	1
3–	–	1	1
4–	–	–	–
5–	1	1	2
10–	2	2	4
15–	5	1	6
20–	5	6	11
25–	7	9	16
30–	8	4	12
35–	7	3	10
40–	3	3	6
45–	12	4	16
50–	13	12	25
55–	11	2	13
60–	17	2	19
65–	6	3	9
70–	6	5	11
75–	2	1	3
80+	4	–	4
Age unknown	–	–	–
Totals	110	59	169

# ANALYSIS OF ALL DEATHS BY OCCUPATION – 1973

Code No.	Occupation	Male	Female	Total
1	Accountants	19	—	19
2	Agricultural workers, gardeners	55	2	57
3	Architects, designers	1	—	1
4	Artists, musicians	10	3	13
5	Bakers, confectioners	31	5	36
6	Boilermakers, platers	24	—	24
7	Boilermen, stokers, firemen	29	—	29
8	Boot and shoemakers, repairers	15	—	15
9	Bricklayers	22	—	22
10	Builders' labourers	71	—	71
11	Bus and tram drivers and guards	49	—	49
12	Cabinetmakers, polishers	19	—	19
13	Carpenters, joiners	63	—	63
14	Chefs, cooks and kitchen staff	19	38	57
15	Civil Servants	29	4	33
16	Cleaners, charwomen, etc.	15	35	50
17	Chemical process workers	17	2	19
18	Clergymen and church officials	5	15	20
19	Clerks and typists	252	86	338
20	Collectors (club, etc.)	1	1	2
21	Commercial travellers	12	—	12
22	Dentists	4	—	4
23	Dock and harbour workers	61	—	61
24	Dock labourers	208	—	208
25	Domestic servants and housekeepers	—	68	68
26	Electricians	60	1	61
27	Engineers	91	—	91
28	Factory labourers	41	14	55
29	Factory machinists	94	59	153
30	Fitters and turners	116	—	116
31	Gas Board workers	22	—	22
32	Gas fitters and plumbers	33	—	33
33	General labourers	212	1	213
34	Hairdressers, manicurists	7	5	12
35	Hospital employees (not nurses)	33	14	47
36	Housewives	—	3,208	3,208
37	Insurance agents	20	1	21
38	Laboratory technicians	3	—	3
39	Laundry workers	4	5	9
40	Lawyers	4	—	4
41	Leather workers	2	—	2
42	Local government officers	38	7	45
43	Local government manual workers	101	4	105
44	Managers and staffs of theatres	6	2	8
45	Managerial staffs – trade and industry	123	9	132
46	Masons and stone workers	4	—	4
47	Machine tool workers	11	—	11
48	Members of HM forces	5	—	5

Analysis of deaths by occupations – 1973 (continued)

Code No.	Occupation	Male	Female	Total
49	Metal workers	51	1	52
50	Miners	6	—	6
51	Mill workers	24	—	24
52	Motor drivers, lorrymen, etc.	158	4	162
53	Miscellaneous	189	19	208
54	Nurses, midwives	7	29	36
55	Other professional occupations	16	2	18
56	Packers	12	9	21
57	Paint factory workers	5	—	5
58	Painters and decorators	58	—	58
59	Post office workers (excluding clerks)	65	10	75
60	Porters, doormen, liftmen, etc.	58	—	58
61	Publicans, barmen, etc.	24	8	32
62	Plasterers	9	—	9
63	Railway drivers, firemen, guards	42	—	42
64	Railway porters etc.	59	1	60
65	Printers, compositors, etc.	34	6	40
66	Rubber workers	33	2	35
67	Seamen, marine firemen, etc.	135	—	135
68	Ships' officers, engineers	46	—	46
69	Ships' stewards	22	1	23
70	Shipyard workers	65	—	65
71	Smiths and forge workers	25	—	25
72	Salesmen, shop assistants	81	45	126
73	Social and welfare workers	4	1	5
74	Spinsters – no occupation	2	106	108
75	Sweeps	—	—	—
76	Storekeepers	72	4	76
77	Shopkeepers	95	22	117
78	Steel erectors	18	—	18
79	Slaters, tilers	4	—	4
80	Street traders, hawkers	2	—	2
81	Tailors and assistants	13	32	45
82	Teachers	16	50	66
83	Tobacco factory workers	7	13	20
84	Waiters, waitresses	3	10	13
85	Window cleaners	8	—	8
86	Wood turners, machinists	9	—	9
87	Watchmen	113	2	115
88	Warehousemen	37	—	37
89	Medical practitioners	9	1	10
90	Pharmacists, chemists	7	1	8
91	Policemen, firemen	53	2	55
—	No occupation	206	111	317
Totals		3,963	4,081	8,044

**B.C.G. VACCINATION SCHOOL CHILDREN – 1973**

Number of School Children offered B.C.G. vaccination	10,670
Number of acceptors	10,277
Number Heaf-tested (Number read 8,977)	10,009
Number of positive Heaf tests	1,423
Number of children vaccinated with B.C.G.	7,554
No students at Colleges of Education have received B.C.G. vaccination during 1973.	

**B.C.G. VACCINATION OF SCHOOL CHILDREN, HEAF TESTS – 1957 - 1973**

Year	Number Tested	Number Positive	Percentage of Number Tested Found Positive
1957	7,224	1,581	21.9
1958	8,587	1,717	20.0
1959	11,313	1,810	16.0
1960	10,569	1,480	14.0
1961	11,542	1,442	12.5
1962	9,777	1,305	13.3
1963	9,247	1,373	14.8
1964	8,456	1,309	15.5
1965	8,601	1,352	15.7
1966	8,356	1,135	13.5
1967	9,213	1,206	13.1
1968	7,394	1,130	15.3
1969	11,333	2,202	16.0
1970	9,586	1,504	15.7
1971	9,790	1,579	16.1
1972	9,792	1,195	12.2
1973	10,009	1,423	14.2

## NOTIFICATIONS OF TUBERCULOSIS – 1928 - 1973

Year	Children (0–4 years)		Schoolchildren (5–14 years)		Adolescents & Adults (15+ years)	
	Pulmonary	Non- Pulmonary	Pulmonary	Non- Pulmonary	Pulmonary	Non- Pulmonary
1928	93	159	407	244	1,968	242
1929	106	164	425	238	1,975	269
1930	98	178	470	256	1,890	263
1931	88	163	365	267	1,805	289
1932	71	125	277	279	1,757	268
1933	77	138	262	266	1,941	250
1934	56	107	223	234	1,624	244
1935	36	93	167	178	1,494	231
1936	36	85	185	165	1,424	197
1937	30	77	128	159	1,397	172
1938	43	82	117	118	1,281	186
1939	24	64	72	78	1,117	175
1940	26	59	51	67	1,234	148
1941	33	68	44	79	1,225	158
1942	32	63	54	84	1,284	201
1943	47	60	64	107	1,368	168
1944	29	45	68	58	1,344	147
1945	35	45	60	70	1,360	133
1946	35	40	63	72	1,380	125
1947	50	37	88	69	1,341	128
1948	51	49	79	49	1,490	130
1949	63	41	77	63	1,479	107
1950	106	32	113	41	1,353	91
1951	106	26	101	47	1,328	87
1952	90	37	161	35	1,318	67
1953	77	18	130	27	1,175	78
1954	46	22	114	28	975	97
1955	46	24	82	23	951	71
1956	34	9	88	12	938	81
1957	46	9	79	12	892	80
1958	47	17	61	11	686	48
1959	29	12	54	6	1,550	30
1960	17	3	24	5	398	36
1961	19	6	26	6	360	42
1962	24	3	23	2	391	45
1963	35	3	37	2	319	38
1964	16	3	17	2	240	23
1965	9	3	15	3	225	28
1966	12	—	15	4	208	26
1967	6	1	9	3	219	25
1968	7	—	9	3	203	30
1969	8	1	9	—	169	27
1970	8	2	16	1	145	25
1971	4	3	10	6	155	25
1972	4	—	5	1	131	13
1973	2	—	6	—	145	16

## VITAL STATISTICS SINCE 1847 (LIVERPOOL)

The following table includes a selection of data relating to population, housing, births and deaths in the city, from 1847 to 1973. Most of the figures have been extracted from previous annual reports on the health of the city, dating from the first report by Dr. Duncan, the first Medical Officer of Health both in the city and in the country. Points illustrated by the figures include the tremendous progress which has been made towards the elimination of deaths from infectious diseases, and the marked reduction in infant and maternal mortality. The improvement in average housing densities, both in persons per acre and persons per dwelling, can be seen. The increase in mortality of persons over 90 illustrates the greater longevity of the population today. On the other hand, the steady increase in deaths from cancer from the earliest days is also shown.

Certain reservations should be borne in mind when examining the figures. There have been improvements in diagnosis and changes in the nomenclature of diseases which have rendered some of the early classifications obsolete. For example, figures originally given for consumption and later phthisis are grouped in the same column as pulmonary tuberculosis although the terms are not exactly synonymous.

The term typhus was at first used as a generic term including "every form of continued fever", including typhoid. In this table this usage applies from 1847 to 1867, but after this date the figures for typhus and typhoid are shown separately, and other fevers are excluded. The term diarrhoea includes enteritis, from 1941 onwards. Maternal deaths include puerperal fever.

There have been increases in the area of the city in certain years. These changes, by increasing the population, have led to increases in the other related figures in the table in those years.

In the earlier years shown birth registration was considered inadequate. It is therefore likely that the infant death rates were not quite as high as those given.

LIVERPOOL — VITAL STATISTICS SINCE 1847

Year	Area of City (acres)	Population	Average Population per acre	No. of occupied dwellings	Av. No. of Persons per house	Births	Birth Rate	DEATHS	
								Total Deaths	Death Rate
1847		—	—	—	—	—	—	21,129	
8	5,210	—	—	—	—	—	—	12,384	28.1
9	—	—	—	—	—	—	—	17,047	
1850	—	—	—	—	—	—	—	10,123	27.5
1	—	367,700	71	54,310	6.8				
2	—	—	—	—	—	8,917	34.5	11,824	31.5
3	—	—	—	—	—	—	—	—	—
4	—	—	—	—	—	—	—	—	—
5	—	—	—	—	—	—	—	—	—
6	—	—	—	—	—	—	—	—	27.3
7	—	—	—	—	—	15,430	—	—	—
8	—	443,573	—	—	—	14,895	33.6	13,937	31.4
9	—	454,000	—	—	—	15,283	33.6	11,824	26.0
1860	—	463,000	—	—	—	14,758	31.8	11,236	24.2
1	—	443,938	85	65,781	6.7	—	—	—	—
2	—	—	—	—	—	—	—	—	—
3	—	—	—	—	—	—	—	15,266	—
4	—	—	—	—	—	—	—	16,836	36
5	—	—	—	—	—	19,374	40.8	17,282	—
6	—	—	—	—	—	19,099	39.4	20,198	41.7
7	—	—	—	—	—	19,563	39.7	14,513	29.4
8	—	500,676	96	—	—	19,341	38.6	14,583	29.1
9	—	509,052	98	—	—	18,668	36.6	14,744	31.6
1870	—	517,567	99	—	—	19,146	36.9	16,099	31.1
1	—	493,346	95	78,403	6.3	18,305	37.0	17,366	35.1
2	—	499,897	96	—	—	19,343	38.7	13,540	27.0
3	—	505,200	97	—	—	18,716	37.0	13,042	25.8
4	—	510,640	98	—	—	19,861	38.8	16,336	31.9
5	—	516,063	99	—	—	19,869	38.5	14,173	27.5
6	—	521,544	100	—	—	20,426	39.2	14,347	27.5
7	—	527,083	101	—	—	20,333	38.6	13,904	26.4
8	—	532,681	102	—	—	20,612	38.7	15,584	29.3
9	—	538,338	103	—	—	20,844	38.7	14,818	27.5

Infant Deaths	Infant Mortality Rate	Maternal Deaths	Deaths over 90	Pulmonary TB	Smallpox	Measles	Scarletina	Whooping Cough	Diarrhoea	Cholera	Typhus	Typhoid	Cancer	Suicide
—	—	—	—	—	381	378	—	—	2,589	—	5,845			
2,640	—	—	19	1,400	—	—	1,516	—	668	—	989	—	—	—
3,290	—	—	37	—	—	—	317	—	1,059	5,245	—	—	—	—
2,682	—	—	16	—	112	297	240	—	703	46	467	—	—	—
—	—	—	—	—	354	237	957	—	643	—	—	—	—	—
2,957	332	93	16	1,485	57	554	694	243	804	46	629	—	98	23
—	—	—	—	—	—	—	233	—	—	—	—	—	—	—
—	—	—	—	—	—	—	315	—	—	—	—	—	—	—
—	—	—	—	—	—	—	805	—	—	—	—	—	—	—
—	—	—	—	—	—	—	642	—	—	—	—	—	—	—
—	—	—	—	—	172	119	761	641	865	38	442	—	—	—
3,427	230	83	29	1,618	270	524	1,187	496	688	31	562	—	112	32
3,014	197	60	19	1,532	54	157	400	474	649	32	508	—	105	23
2,725	185	85	26	16,26	8	418	164	134	379	12	359	—	140	37
—	—	—	—	—	—	—	216	—	—	—	—	—	—	—
—	—	—	—	—	—	—	1,034	—	—	—	730	—	—	—
4,496	—	93	20	1,587	100	322	740	892	604	42	1,304	—	149	33
5,157	—	131	8	1,698	482	368	349	370	847	58	1,774	—	136	42
5,061	261	89	14	1,878	459	317	506	187	1,016	52	2,338	—	167	34
5,569	292	81	12	1,856	102	641	986	991	1,145	1,782	1,523	—	146	22
4,656	238	79	9	1,729	22	424	696	538	796	28	656	—	149	22
4,876	252	92	12	1,629	18	488	456	517	1,108	41	475	158	140	28
4,461	239	71	13	1,637	20	628	1,042	328	1,001	28	475	129	166	41
4,952	259	80	11	1,672	174	226	1,278	451	1,151	30	218	91	149	38
4,949	270	95	14	1,668	1,919	473	630	519	1,127	11	322	114	163	25
4,288	222	76	19	1,620	50	476	222	591	998	19	184	103	157	21
3990	213	75	15	1,568	10	340	205	152	906	21	113	95	188	26
4,633	233	158	11	1,532	30	444	1,911	516	879	19	172	159	209	32
4,171	210	100	7	1,565	29	117	468	365	842	8	273	131	178	30
4,253	208	72	16	1,506	386	688	251	490	694	6	224	95	195	30
3,827	188	104	13	1,409	299	197	225	735	605	5	203	109	204	29
3,970	193	79	12	1,506	3	444	947	422	979	13	155	155	228	22
3,384	162	97	8	1,348	—	445	734	234	402	7	91	113	261	32

LIVERPOOL — VITAL STATISTICS SINCE 1847 (continued)

Year	Area of City (acres)	Population	Average Population per acre	No. of occupied dwellings	Av. No. of Persons per house	Births	Birth Rate	DEATHS	
								Total Deaths	Death Rate
1880	5,210	544,056	104	—	—	20,783	38.2	14,811	27.2
1	—	551,617	106	92,330	5.9	20,762	37.6	14,733	26.7
2	—	548,065	—	—	—	20,498	37.4	14,818	27.0
3	—	544,547	—	—	—	19,907	36.6	15,074	27.7
4	—	541,031	—	—	—	20,071	37.1	14,382	26.6
5	—	537,548	—	—	—	19,464	36.2	13,764	25.6
6	—	534,088	—	—	—	19,559	36.6	13,919	26.1
7	—	530,649	—	—	—	18,414	34.7	14,006	26.4
8	—	527,233	—	—	—	17,777	33.7	12,159	23.1
9	—	523,838	—	—	—	17,676	33.7	13,047	24.9
1890	—	520,466	—	—	—	17,592	33.8	14,293	27.5
1	—	518,302	99	91,234	5.7	17,832	34.4	13,911	26.8
2	—	519,590	—	—	—	17,758	34.2	12,671	24.4
3	—	520,882	—	—	—	18,328	35.2	13,919	26.7
4	—	522,178	100	—	—	19,893	34.3	12,073	23.1
5	13,236	652,523	49	—	—	22,006	33.7	16,624	24.8
6	—	658,050	—	—	—	21,943	33.3	14,476	21.4
7	—	663,633	—	—	—	22,280	33.6	15,117	22.8
8	—	669,243	—	—	—	22,227	33.2	14,853	22.2
9	—	674,912	—	—	—	22,488	33.3	16,276	24.1
1900	—	680,628	—	—	—	22,762	33.4	15,785	23.1
1	—	686,332	52	123,469	5.6	21,980	32.0	14,879	21.6
2	14,909	707,027	47	—	—	24,283	34.2	15,396	21.7
3	—	710,874	—	—	—	23,910	33.6	14,240	20.0
4	—	714,743	48	—	—	24,278	33.9	15,851	22.1
5	16,619	721,864	43	—	—	24,350	33.7	14,103	19.5
6	—	726,100	—	—	—	24,123	33.2	15,001	20.6
7	—	730,361	—	—	—	23,654	32.3	13,676	18.7
8	—	734,648	—	—	—	23,891	32.5	13,930	18.9
9	—	738,960	—	—	—	23,591	31.9	13,945	18.8
1910	—	743,295	—	—	—	23,054	31.0	13,343	17.9
11	—	747,627	45	126,835	5.9	22,493	30.1	14,607	19.5
12	—	754,143	45	—	—	22,233	29.5	13,364	17.7

Infant Deaths	Infant Mortality Rate	Maternal Deaths	Deaths over 90	Pulmonary TB	Smallpox	Measles	Scarletina	Whooping Cough	Diarrhoea	Cholera	Typhus	Typhoid	Cancer	Suicide
3,961	191	63	21	1,337	2	283	465	663	1,028	17	87	141	232	30
3,587	173	87	16	1,291	34	756	435	402	508	6	143	116	224	41
3,641	178	84	13	1,345	6	410	380	440	587	1	383	169	234	36
3,686	185	62	17	1,443	26	618	388	395	518	7	408	107	259	48
3,914	195	69	16	1,299	106	611	197	546	841	13	77	111	263	37
3,391	174	93	10	1,270	40	716	190	396	422	10	71	94	281	34
3,670	188	87	11	1,329	29	273	277	152	781	14	47	133	303	32
3,420	186	64	13	1,170	1	661	321	429	619	6	52	129	314	29
2,981	168	71	13	1,145	1	331	187	313	431	5	32	125	317	38
3,320	188	99	3	1,127	1	485	352	342	575	9	45	167	291	37
3,438	195	82	18	1,180	—	535	577	355	468	5	23	99	334	38
3,361	188	77	21	1,116	2	320	119	438	330	3	37	92	346	40
3,209	181	83	15	1,003	13	456	131	268	415	2	18	111	303	44
3,863	210	93	22	1,194	9	273	231	279	866	34	44	221	341	40
3,210	179	66	9	1,071	20	299	232	276	503	4	50	248	345	60
4,441	202	81	25	1,305	13	398	169	412	1,108	23	24	197	502	54
3,833	175	77	19	1,198	—	312	217	298	851	44	36	166	495	51
4,488	201	78	19	1,220	—	344	209	356	1,482	57	23	145	514	72
4,111	184	83	26	1,209	2	283	145	333	956	22	19	148	495	53
4,481	199	72	20	1,313	1	321	164	314	1,158	25	13	182	530	49
4,247	186	66	30	1,287	23	150	113	538	900	19	11	120	526	46
4,138	188	67	25	1,302	6	473	195	166	1,269	23	14	154	593	58
3,936	162	63	26	1,347	20	334	318	407	604	8	25	189	613	54
3,815	159	65	24	1,258	141	132	201	318	664	—	57	104	661	56
4,780	196	84	33	1,282	2	696	149	426	1,790	—	22	73	546	45
3,752	154	108	32	1,245	—	246	303	150	957	10	28	49	618	64
4,137	171	83	14	1,335	1	586	193	362	1,298	7	8	85	678	55
3,383	143	62	27	1,183	—	291	140	324	544	1	18	92	684	65
3,355	140	58	39	1,288	—	259	217	346	630	2	10	73	658	60
3,377	143	70	32	1,116	—	471	219	228	514	5	8	54	694	58
3,216	139	44	31	1,072	—	474	179	450	540	2	—	42	745	45
3,466	154	68	38	1,313	—	327	131	246	1,312	—	5	36	726	53
2,778	125	71	30	1,189	1	877	87	272	279	—	2	23	769	35

LIVERPOOL — VITAL STATISTICS SINCE 1847 (continued)

Year	Area of City (acres)	Population	Average Population per acre	No. of occupied dwellings	Av. No. of Persons per house	Births	Birth Rate	DEATHS	
								Total Deaths	Death Rate
1913	21,219	760,341	36	—	—	22,555	29.7	13,658	18.0
14	—	773,467	—	—	—	23,065	29.8	15,046	19.5
15	—	779,535	—	—	—	21,586	27.7	14,478	18.7
16	—	785,657	—	—	—	20,679	26.3	13,943	17.7
17	—	791,828	—	—	—	17,906	22.6	13,093	16.5
18	—	798,048	—	—	—	17,133	21.5	15,267	19.1
19	—	804,316	—	—	—	18,694	23.2	13,283	16.5
1920	—	810,632	—	—	—	25,039	30.9	12,852	15.8
1	—	817,000	39	147,818	5.5	21,904	26.8	11,666	14.3
2	—	820,663	—	—	—	21,467	26.1	11,992	14.6
3	—	824,342	—	—	—	20,695	25.1	11,405	13.8
4	—	828,038	—	—	—	20,559	24.8	11,390	13.7
5	—	831,750	—	—	—	19,592	23.6	11,902	14.3
6	—	835,479	—	—	—	19,792	23.7	11,626	13.9
7	—	839,223	40	—	—	19,020	22.7	11,874	14.1
8	24,772	845,093	34	—	—	19,120	22.6	11,432	13.5
9	—	848,873	—	—	—	18,888	22.2	13,181	15.5
1930	—	852,669	34	—	—	18,881	22.1	11,288	13.2
1	24,795	856,483	35	173,938	4.9	18,626	21.7	12,243	14.3
2	27,321	861,935	32	—	—	18,149	21.6	11,370	13.2
3	—	866,013	—	—	—	16,929	19.5	12,444	14.4
4	—	866,013	—	—	—	17,593	20.3	11,319	13.1
5	—	867,110	—	—	—	17,347	20.0	11,447	13.2
6	—	835,018	—	—	—	17,403	20.8	11,183	12.9
7	—	830,790	—	—	—	16,728	20.1	11,452	13.2
8	—	826,584	—	—	—	16,175	18.7	10,638	12.3
9	—	822,400	—	—	—	15,614	19.0	10,668	13.3
1940	—	752,800	—	—	—	15,016	19.9	12,868	17.1
1	—	685,280	25	—	—	13,291	19.4	13,253	19.3
2	—	670,100	—	—	—	13,729	20.5	9,388	14.0
3	—	662,100	—	—	—	14,432	21.8	9,719	14.7
4	—	666,230	—	—	—	15,412	23.1	9,010	13.5
5	—	681,120	—	—	—	14,784	21.7	9,523	14.0

Infant Deaths	Infant Mortality Rate	Maternal Deaths	Deaths over 90	Pulmonary TB	Smallpox	Measles	Scarletina	Whooping Cough	Diarrhoea	Cholera	Typhus	Typhoid	Cancer	Suicide
2,987	132	60	36	1,183	1	322	57	232	645	—	—	33	717	50
3,219	139	62	53	1,132	—	517	123	248	744	—	—	44	750	53
2,866	133	68	44	1,299	—	256	70	259	569	—	6	21	725	43
2,421	117	70	42	1,254	—	264	63	235	434	—	2	11	791	41
2,071	115	41	44	1,357	1	436	71	132	285	—	—	15	747	29
2,137	124	52	33	1,400	—	407	133	364	259	—	—	13	750	32
2,055	110	58	38	1,089	1	103	74	53	215	—	—	7	783	35
2,826	113	91	36	1,102	2	387	70	228	239	—	—	8	846	44
2,339	107	80	35	1,048	—	328	45	210	451	—	—	8	890	58
2,052	96	61	41	1,086	—	171	39	182	135	—	—	—	848	71
2,058	99	63	37	1,046	—	356	43	156	148	—	—	6	921	59
2,113	103	61	39	1,056	—	148	63	169	141	—	—	7	941	47
1,935	99	57	44	1,051	—	406	93	227	237	—	—	5	998	64
2,066	104	71	58	1,033	—	221	24	188	207	—	—	6	993	76
1,781	94	83	67	975	—	345	12	125	127	—	—	10	977	72
1,789	94	64	58	1,021	—	177	19	269	71	—	—	4	1,100	81
1,822	96	66	55	1,058	—	427	41	198	45	—	—	8	1,104	90
1,544	82	75	63	1,049	—	170	35	75	27	—	—	1	1,080	95
1,740	93	55	78	989	—	369	11	189	26	—	—	6	1,128	96
1,646	91	51	60	969	—	312	11	148	37	—	—	6	1,167	99
1,655	98	60	69	1,009	—	299	27	93	41	—	—	2	1,232	117
1,418	81	51	64	867	—	229	19	172	24	—	—	—	1,276	102
1,445	83	59	73	812	—	154	6	62	50	—	—	4	1,311	85
1,311	75	64	87	713	—	176	2	105	16	—	—	1	1,301	77
1,371	82	40	86	684	—	120	8	122	26	—	—	2	1,292	63
1,189	74	33	66	666	—	111	8	104	11	—	—	6	1,344	76
1,098	71	29	92	647	—	3	4	36	8	—	—	3	1,289	102
1,257	85	31	98	761	—	143	3	19	6	—	—	—	1,279	75
1,350	106	32	79	699	—	29	8	127	134	—	—	—	1,211	60
1,039	76	30	55	653	—	25	4	15	118	—	—	3	1,279	56
1,171	81	34	70	670	—	14	4	37	138	—	—	—	1,337	39
884	57	31	71	597	—	16	2	34	86	—	—	1	1,215	48
1,068	72	23	99	605	—	13	1	38	164	—	—	2	1,230	57

LIVERPOOL — VITAL STATISTICS SINCE 1847 (continued)

Year	Area of City (acres)	Population	Average Population per acre	No. of occupied dwellings	Av. No. of Persons per house	Births	Birth Rate	DEATHS	
								Total Deaths	Death Rate
1946	—	734,620	—	—	—	18,528	25.2	9,671	13.2
7	—	753,340	—	—	—	19,904	26.4	10,122	13.5
8	—	791,800	—	—	—	17,695	22.3	9,027	11.4
9	—	800,000	—	—	—	16,551	20.7	9,334	11.6
1950	—	802,300	—	—	—	16,110	20.1	9,300	11.6
1	—	784,800	29	195,981	4.0	15,593	19.9	10,648	13.6
2	27,818	791,500	28	—	—	15,839	20.0	8,994	11.4
3	—	789,700	—	—	—	16,022	20.3	8,422	10.7
4	—	786,100	—	—	—	15,742	20.0	8,946	11.4
5	—	779,900	28	—	—	15,268	19.6	9,289	11.9
6	27,819	773,700	28	—	—	15,944	20.6	8,842	11.4
7	—	768,700	—	—	—	16,044	20.9	9,093	11.8
8	—	762,400	—	—	—	15,662	20.5	8,930	11.7
9	—	757,500	—	—	—	15,615	20.6	8,587	11.3
1960	—	754,670	—	—	—	15,961	21.1	8,891	11.8
1	—	745,810	27	204,798	3.6	16,492	22.1	9,262	12.4
2	—	745,230	27	—	—	16,479	22.1	9,162	12.3
3	—	739,740	27	—	—	15,775	21.3	8,908	12.0
4	—	729,140	26	—	—	15,625	21.4	8,131	11.2
5	—	722,010	26	—	—	14,553	20.2	8,300	11.5
6	—	712,040	26	—	—	13,557	19.0	8,295	11.6
7	—	705,310	25	—	—	12,583	17.8	8,148	11.6
8	—	688,010	25	—	—	11,847	17.2	7,958	11.6
9	—	677,450	24	—	—	11,268	16.6	8,317	12.3
1970	—	667,000	24	—	—	10,673	16.0	8,050	12.1
1	—	603,210	22	193,210	3.1	9,551	15.8	7,974	13.2
2	—	588,600	21	—	—	8,511	14.5	7,979	13.6
3	—	574,560	21	—	—	7,411	12.9	8,044	14.0

Infant Deaths	Infant Mortality Rate	Maternal Deaths	Deaths over 90	Pulmonary TB	Smallpox	Measles	Scarletina	Whooping Cough	Diarrhoea	Cholera	Typhus	Typhoid	Cancer	Suicide
1,382	75	19	89	579	—	25	—	38	318	—	—	—	1,312	73
1,367	69	17	99	599	—	22	—	74	325	—	—	—	1,314	59
954	54	14	103	630	—	12	—	31	203	—	—	1	1,429	75
730	44	9	118	542	—	12	—	57	121	—	—	1	1,382	81
601	37	7	137	481	—	4	—	20	55	—	—	—	1,556	57
548	35	10	146	406	—	4	2	18	41	—	—	—	1,559	70
562	35	7	128	269	—	8	—	5	51	—	—	—	1,591	70
569	35	5	124	258	—	5	—	4	41	—	—	—	1,553	77
485	31	8	178	232	—	3	—	5	27	—	—	—	1,582	63
462	30	9	175	185	—	2	—	4	34	—	—	—	1,601	77
413	25.9	7	173	137	—	—	—	5	15	—	—	1	1,590	63
423	26.4	7	173	123	—	1	—	2	30	—	—	—	1,603	78
434	27.7	4	173	109	—	2	—	—	43	—	—	—	1,643	80
428	27.4	5	176	102	—	1	—	—	32	—	—	—	1,647	52
451	28.2	5	202	81	—	1	—	3	48	—	—	—	1,617	64
467	28.3	2	223	80	—	1	—	—	49	—	—	—	1,708	73
461	28.0	5	204	74	—	3	—	—	52	—	—	—	1,719	75
412	26.1	4	247	54	—	2	—	5	41	—	—	—	1,573	74
339	21.7	3	215	38	—	1	—	—	42	—	—	—	1,720	64
327	22.5	1	221	42	—	2	—	—	28	—	—	—	1,727	64
308	22.7	—	303	46	—	2	—	—	37	—	—	—	1,657	56
277	22.0	1	244	44	—	1	—	1	37	—	—	—	1,706	59
262	22.1	1	306	39	—	1	—	2	18	—	—	—	1,772	64
227	20.1	4	296	25	—	—	—	—	15	—	—	—	1,825	46
225	21.1	3	331	24	—	1	—	1	16	—	—	—	1,752	26
210	22.0	1	340	21	—	—	—	—	13	—	—	—	1,736	32
126	14.5	3	321	21	—	—	—	—	5	—	—	—	1,808	40
145	19.6	1	371	18	—	—	—	—	12	—	—	—	1,767	45

# Control of Radiation Hazards

## Registered Users under Radioactive Substances Act, 1960

There were no changes in the list of registered users of radioactive materials during the year.

## Use of Radioactive Sources in Schools, Establishments of Further Education and Training Colleges

Fifty-one schools are now using radioactive substances.

Tables listing all sources at present held in the City, excluding hospitals and the University, are given below:—

### RADIOACTIVE SEALED SOURCES - INDUSTRIAL ESTABLISHMENTS

Nature of Source	Size of Source	Number of Sources
Americium 241	100 millicuries	1
	90       "	1
Caesium 137	0.5       "	1
	10       "	1
Carbon 14	1 microcurie	1
	0.5       "	1
	0.75       "	1
Cobalt 60	1 millicurie	1
Iridium 192	500       "	1
	20 curies	1
Radium 226	500 microcuries	1
	7.5 millicuries	1
Strontium 90	469       "	1
Thallium 204	24       "	1
	30       "	1
Thulium 170	300       "	1
	20 curies	1
Tritium	960 millicuries	1
	10 curies	2

### RADIOACTIVE SEALED SOURCES – EDUCATIONAL ESTABLISHMENTS

Nature of Source	Size of Source	Number of Sources
Americium 241	0.125 microcurie	33
	5       "	12
Caesium 14	50       "	3
Caesium 137	0.9       "	1
	Strength not known	1
Cobalt 60	1       microcurie	1
	5       "	51
Plutonium 239	0.1       "	16
	5       "	6
Plutonium 32	16       "	3
Radium 226	5       "	56
	5       millicuries	1
Radium 222	5       microcuries	1
Strontium 90	0.125       "	31
	1       "	15
	9       "	26
	5       "	16
Strontium 113	9       "	1
Thorium Hydroxide	1       "	1
	4       "	1
	1       milligramme	1
	1       gramme	4
	25       "	1
	50       "	1
Tritium	10       curies	1

# Health Education

Health Education depends on people within and influenced by many and varying disciplines. The extent to which they are committed and the quantity and quality of their contribution is not standard.

The groups can be classified under four headings:—

1. Those staffs employed full-time in health education
2. Those in which health education is a major part of their duties and is normally specified e.g. health visitors, school nurses, some teachers and specifically designated posts in public and commercial organisations.
3. Those in which health education is intended to play a specific part of their duties e.g. medical and other related professions, public health inspectors, teachers and social workers.
4. Those with a personal interest in health education without it being a specific part of their duties e.g. group leaders of all kinds, part-time and voluntary workers in health care associations.

Within the four categories the actual staffs engaged in health education are currently small, the potential however, particularly from categories 3 and 4 is considerable.

Health education relies on contact with the public as individuals, groups or en masse. Because of staffing ratios and resources currently available at all levels, there is a large proportion of the public which is not being reached on a sufficiently sustained basis to be effective. High mortality and morbidity statistics indicate that the size of the education effort is not yet sufficient to meet the clients needs and this is especially true of the behavioural diseases.

The aims of the health education service are to enable people to take decisions as individuals and collectively that encourage the optimum in personal, social and environmental health; to assist in promoting the wise use of the health services and to assist in promoting a climate of influence that supports health as a valued personal, communal and national asset. There is an interdependency in these three points which makes it important that attention be paid to them all. As aims they are intended to encourage the widest possible view of health and broaden attitudes to all the interrelated factors that influence the health of the whole man.

## Staff

Appointments to the Health Education Organiser and Health Education Officer posts were made in January 1973, the respective appointees, Mr. G. H. White and Mr. M. J. Hay taking up their appointments in March and January. The Health Education Organiser had a percentage of his time allocated as Administrator to the Merseyside Cancer Education Committee, this arrangement having been arrived at in April 1972.

## **Equipment**

Development and standardisation of the various visual and aural aids continued throughout the year and courses of instruction for fieldwork staff were arranged to demonstrate the equipment and techniques of usage. A series of display stands was purchased in order that health education exhibitions might be arranged and transported to clinics in series. The film library continued to expand as did the demand from the health educators. Two posters for use specifically in Liverpool were designed, one dealing with venereal disease, the other advertising the services provided at family health clinics. Several leaflets have been designed and produced relating to nutrition, diet, vasectomy and the services available.

## **Programming**

A large proportion of the service is connected with health education programmes in schools. Co-operation with the School Health Service is of a high calibre and the school nurses undertake a tremendous amount of direct health education teaching. It has been possible during the year to arrange a health education programme at one of the teacher training colleges with very encouraging results. Colleges of further education have also included health education content programmes in their courses and further expansion is constantly being sought in this field.

Health Education programmes have been arranged for adult participation, ranging from ante-natal and post-natal class attendance, through young mothers' clubs, to specific groups interested in varying aspects of health. Programmes have been provided for outside organisations such as womens' clubs, church organisations and the various youth movements.

Health education in industry has been possible using industrial and/or occupational nursing sisters as a liaison media. Introduction to the various organisations has been possible by including health education in the course for industrial/occupational nursing staff held at one of the further education colleges. Topics have included food hygiene, personal hygiene, cytology and the various social hazards.

In-service training sessions have been arranged on several occasions. A regular film preview session has been arranged where new releases are assessed for inclusion in our library or otherwise.

## **MERSEYSIDE CANCER EDUCATION COMMITTEE**

The Committee was formed in 1962 by a consortium of Local Authorities to provide a specialist service of public education about cancer. The eight Authorities currently concerned finance the service and are represented by their nominated members, together with representatives of the Local Medical Committees, the Liverpool Regional Hospital Board, the United Liverpool Hospitals and the Regional Radiotherapy Centre. The Committee has the benefit of advice of the respective Medical Officers of Health. Day-to-day administration and organisation is carried out on a part-time basis by the Health Education Organiser of Liverpool.

During the interval between Mrs. Hobb's departure and Mr. White's arrival the work continued but undoubtedly at a much reduced rate. Although advertising of the service continued the response has continued to decline. A modified programme and explanatory letter has been brought into use, and the response to this will be evaluated. Some authorities have included cancer education directly into their health education programmes. These figures have not been included in the Committee's work, but as this aspect could well have been dealt with under the direct aegis of the Committee, as was the practice some years ago, this could well explain some of the decrease in figures.

Sales of publications continue at a high level, totalling over 20,000 in the year. Over two-thirds of these were leaflets describing Breast Self-Examination. Reports, posters and film-strips were also sold. Supplies to contributing authorities, which are free, are in addition to these figures.

The seminar arranged for July 1974 will take place at the Dale Hall, Liverpool University, when it is hoped that around 200 field workers from the contributing authorities will attend.

# Medical Care of Immigrants

## **Medical Arrangements for Long-Stay Immigrants**

The scheme introduced by the Ministry of Health in January 1965 has continued. Under the scheme medical inspectors at ports endeavour to obtain destination addresses from those immigrants who are referred to them. They then forward these addresses to the Medical Officers of Health of the areas concerned, who arrange for the immigrants to be visited and given general information about the health services. Immigrants are persuaded to register themselves and their dependants with general medical practitioners, with a view particularly to chest X-ray where this is appropriate.

When notification is received of the arrival of an immigrant in Liverpool arrangements are made for a health visitor to call at the address given. Annual returns of figures relating to the visits are made to the Department of Health and Social Security.

Advice notes were received relating to 218 persons said to be in Liverpool addresses.

147 of these were traced during the year. Another 4 notified towards the end of the previous year were also traced.

Not traced during the year: 71.

In addition 15 notifications were received relating to persons living in adjacent areas, and these were forwarded to the correct local authorities.

# Occupational Health

Any organisation large or small, is concerned with the health of its employees. Liverpool Corporation, with its many departments and thousands of employees has oversight of the health of these through the Medical Officer of Health's Occupational Health Section.

## General

This section not only deals with occupational health but also with medical aspects of concessionary travel passes and driving licences. Much of the work is that of routine medical screening. For this purpose, the section is equipped with electrocardiograph, vitalograph and other diagnostic aids.

With the recent alteration in policy with regard to mass radiography, administrative changes have had to be made. Large X-ray films are taken at X-ray Units when asked for, otherwise mass miniature radiographs are arranged only for those whose work suggests the need for X-ray, such as those in contact with children.

When necessary, persons are referred either to their own general practitioner or directly to a consultant.

Officer grades and others such as home help, ambulance staff or cooks are examined for fitness to undertake the duties of these posts. Those classed as manual workers are examined when superannuation is considered. Persons with prolonged sickness records require investigation as to future fitness, and the section makes the necessary investigations, and then advice as to future work can be given. For this reason, there is close contact between the section, the employing department and the Administrative Services Department's Personnel and Management Services Division. In addition, medical examinations are carried out on a reciprocal basis for other local authorities.

## Police

The Medical Officer of Health is the medical consultant to the Liverpool and Bootle Constabulary.

Under this heading, medical examinations are made of cadet and adult recruits. The medical supervision continues at half-yearly intervals during their training period. Sickness and accident cases are investigated with a view to future work in the force and, if necessary, pension rights.

Also, medical examinations are made of traffic wardens and crossing patrols. The latter, tending to be of the older age group, frequently require half-yearly supervision.

## Fire Service

Here again the Medical Officer of Health acts as medical consultant. The personnel have similar examinations to that of the Constabulary, in addition, examinations are made of those attending on breathing apparatus courses at the Fire Training School. From the very hazardous nature of Fire Service employment, consultation and oversight obviously has to be constant and close.

### **Special Examination**

As already mentioned, examinations are undertaken with regard to concessionary travel passes. These are undertaken under the Travel Concessions Act 1946 and require a minimum leg disability of 35% before being granted. Mersey Tunnel workers are examined six-monthly, chiefly because of their exposure to exhaust fumes. Examinations are undertaken in co-operation with the Factory Inspectorate.

To safeguard the health of the employees and of the general public, employees working on water mains are examined with particular emphasis on freedom from infection.

Heavy goods vehicle drivers are now, by law, required to have medical examinations before being granted driving licences. Such applicants were drawn from various departments, including the Fire Service.

In conclusion, the work of this section is responsible and owes its smooth running and quality to the medical and clerical staff. Their efforts are much appreciated.

## CAUSES OF UNFITNESS

### Diseases of the Cardio-Vascular System

Varicose veins	2
Cardiac murmur	2
Hypertension	15
Coronary thrombosis	10
Cardio vascular atheroma	1
Coronary artery disease	1
Myocarditis	6
Ischaemic heart disease	1
Intermittent claudication	4
Congestive cardiac failure	2
Angina	13
Pulmonary embolus	4
Tachycardia - Fibrillation	1
Cardiac history	2
Hemiplegia	2
Cerebral haemorrhage	1
Aortic stenosis	1
Phlebitis	1
Mitral stenosis	1
Arteriosclerosis	3

73 (20%)

### Diseases of the Respiratory System

Chronic bronchitis	39
Lobectomy	4
Chronic obstructive respiratory disease	1
Emphysema	12
Asthma	3
Bronchogenic carcinoma	3
Pneumoconiosis	1
Pulmonary tuberculosis	1
Silicosis	1

65 (17.8%)

### Diseases of the Digestive System

Carcinoma colon	1
Duodenal ulcer	4
Gastritis	1
Hiatus hernia	3
Colostomy	3
Carcinoma stomach	1
Carcinoma liver	1
Carcinoma rectum	1

15 (4.1%)

### Diseases of the Urogenital System

Albuminuria	3
Pyelitis	1
Recurrent prolapse of vagina	1
Carcinoma prostate	1

6 (1.7%)

### Diseases of the Endocrine System

Diabetes	8
Thyrotoxicosis	2
Carcinoma thyroid	1

11 (3.0%)

### Diseases of the Skin

Eczema	2
Dermatitis	2

4 (1.1%)

## CAUSES OF UNFITNESS *(continued)*

### Diseases of the Musculo-Skeletal System

Osteoarthritis	18
Frozen shoulder	3
Rheumatoid arthritis	9
Chronic lumbar strain	8
Sciatica	2
Laminectomy	1
Gout	1
Disc lesion	6
Fractured leg	3
Post traumatic injuries femur and head	1
Dislocated hip	1
Spinal stenosis	5
Cervical arthritis	5
Cervical spondylosis	3
Arthritis of knees	1
Old war injury (knee)	1

68 (18.7%)

### Diseases of the Ear, Nose & Throat

Chronic suppurative otitis	1
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(0.3%)

### Diseases of the Eye

Loss of (L) eye	1
Defective eyesight	4
Cataract (R) eye	1
Detached retina	1

7 (1.9%)

### Diseases of the Central Nervous System

Epilepsy	3
Parkinsonism	3
Vertigo	1
Brain tumour	1

8 (2.2%)

### Mental Disorders

Depressive state	13
Anxiety depression	10
Anxiety neuroses	12
Schizophrenia	4
Endogenous depression	1
Nervous debility	8
Paranoid psychosis	1

49 (13.5%)

### Miscellaneous Conditions

Neurasthenia	1
Vaso-vaginal attacks	1
Obesity	4
Hysterectomy	3
Sickness record	40
Mastectomy	2
Alcoholic gastritis	2
Poor physique	2
Hodgkins disease	1

56 (15.4%)

Total 363

# MEDICAL EXAMINATIONS - RETURN FOR YEAR 1973

Department	Admission to Superan. Fund		Extension of Sick Pay		Fitness of New Officials		Suitable to continue in employment		Totals
	Fit	Unfit	Fit	Unfit	Fit	Unfit	Fit	Unfit	
Airport	3	—	—	—	—	—	—	1	4
Ambulance	—	—	—	—	1	—	—	1	2
Art Gallery	4	3	—	—	4	—	2	1	14
Building Surveyors	4	—	—	—	6	—	1	1	12
Central Purchasing	—	—	—	1	16	—	1	1	19
City Engineers	178	15	2	—	192	—	33	25	445
City Estates	44	—	—	—	27	—	10	5	86
City Lighting	67	4	—	—	31	—	12	10	124
City Planning	—	—	—	—	39	—	—	—	39
City Treasury	1	—	—	—	109	—	1	2	113
Education	249	20	—	3	626	—	52	76	1,026
Fire Service	13	2	1	—	149	1	60	10	236
Health	—	—	—	—	10	—	—	—	10
Housing	112	7	1	—	95	—	18	19	252
Libraries	8	1	—	—	164	—	8	4	185
Magistrates	—	—	—	—	14	—	—	—	14
Markets	61	5	—	—	21	—	8	6	101
Mersey Tunnel	1	—	—	—	166	—	6	1	174
Museums	6	1	—	—	11	—	6	3	27
Personal Health	40	—	—	—	68	2	5	4	119
Police	24	1	—	—	631	8	48	23	735
Port Health	—	—	—	—	—	—	—	1	1
Probation	—	—	—	—	40	—	—	—	40
Programme Planning	—	—	—	—	1	—	—	—	1
Recreation	230	11	—	—	32	1	17	18	309
Social Services	125	8	—	—	682	5	43	35	898
Town Clerks	—	—	—	—	65	1	1	1	68
Water	111	3	—	—	41	—	14	12	181
Total	1,281	81	4	4	3,241	18	346	260	5,235
Total Fit	4,872								
Total Unfit	363								
Other Authorities	50								

# Emergency Care of the Elderly

## Removal to Suitable Premises of Persons in Need of Care and Attention

These cases are assessed with great care, due regard being given to the medical, social and environmental aspects. Every effort is made to provide adequate support in the home, whatever the need, in order to maintain an independent existence for these elderly persons as long as possible.

Most cases visited, because of illness or general senility, can no longer be cared for at home and require hospital or residential accommodation for recovery or the maintenance of reasonable health. Whenever this situation occurs the medical and welfare problems are fully discussed with the person, and an offer of suitable premises away from home is made. The majority, when discovered in need, can be persuaded to accept admission for care and attention. The remainder, because of their condition, have no insight into their problems, and require firmer measures. In these cases Section 47 of the National Assistance Act, 1948, is invoked.

The emergency care of the elderly is undertaken in co-operation with the Social Services Department. In fact, the emergency arises as a result of their request to assist them in difficult situations.

The number of admissions to hostel or hospital accommodation under Section 47 of the 1948 National Assistance Act has shown a consistent rise over the past few years as the figures below illustrate. There is every indication that this trend will continue since greater life expectancy has given rise to an ageing population. It has been found increasingly difficult to find suitable available accommodation whether it be in a hostel or hospital due to the acute shortage of beds and it might be asked whether the present emphasis on community care (maintaining the vulnerable in their own homes by providing supporting services) has not been too great at the expense of the provision of more hostel and hospital places.

## NUMBER OF COMPULSORY ADMISSIONS OF THE ELDERLY TO HOSTEL OR HOSPITAL

Year	Number of admissions
1970	10
1971	16
1972	17
1973	21

# Rehousing on Medical Grounds

The Medical Officer of Health is authorised to grant priority in rehousing to a limited number of persons on health grounds.

Housing applicants who are eligible for the Liverpool Corporation Housing Register and apply for rehousing on medical grounds may be awarded five points which are added to the applicant's basic points. In some cases these additional points will bring the applicant into the allocation group and he is assured of rehousing. In cases of urgent need a special priority recommendation may be made for rehousing the applicant.

For housing applicants who already live in Council property and request transfer, the Medical Officer of Health may recommend priority in only the most urgent cases, owing to the very large number of applications made.

Tenants of property included in a compulsory purchase order may require specialised rehousing, and where necessary, the appropriate recommendation is made to the Director of Housing.

Tenants of Council property who feel they are unable to manage alone in their accommodation apply to the Medical Officer of Health for a medical recommendation for permission to sub-let to a relative who will care for them. The cases are investigated and recommendations are made if considered essential.

During 1973, 10,182 applications were received for rehousing on medical grounds. Of these, 6,591 applicants were already living in Council accommodation which they found unsuitable, and applied for a transfer to more suitable property, and 3,591 were resident in non-Corporation property and applied for Council accommodation.

The details of each individual application were closely examined and, where necessary, visits were made by a medical officer, health visitor, social worker, public health inspector or occupational therapist. An assessment of the medical factors was then made, and consideration was given not only to the individual applicant but to the whole family as a unit. Special recommendations were made to rehouse handicapped people in the type of accommodation most suited to their disability.

Of the applicants in Council property 618 were recommended for transfer to alternative accommodation, and of these 207 had been rehoused by the end of May 1974. In the group living in property owned by private landlords, 266 cases were recommended for special priority allocation, of whom 81 were rehoused by the end of the year. From previous years' recommendations 72 transfers and 38 priority cases were rehoused during 1973. In addition 245 applicants were awarded points. Details are given in the table below:—

1973	Special Priority Cases	Transfers	Totals
Number of applications received	3,591	6,591	10,182
Priority rehousing recommended	266	618	884
Number of these rehoused during year	81	207	288
Number still not accommodated	185	411	596
Recommendations in slum clearance cases	—	361	361
Number of these rehoused during year	—	105	105

In most cases the medical factors put forward in the applications were genuinely related to the housing conditions, and benefit would have been obtained from suitable rehousing. However, owing to the severe shortage of housing accommodation in Liverpool, only the more serious cases could be considered, and a medical recommendation was only made where there was a reasonable prospect of the applicant being rehoused.

The cases for which medical recommendations were made are tabulated below in broad groups of the medical conditions concerned. It can be seen that the major conditions were cardiovascular disease, respiratory disease and conditions affecting locomotion.

#### MEDICAL CONDITIONS FOR WHICH RECOMMENDATIONS WERE MADE

Diagnosis	Number Awarded Points	Number Recommended for Special Priority	Number Recommended for Transfer	Totals
Cardiovascular Disease	41	75	128	244
Respiratory Disease	92	56	152	300
Conditions affecting locomotion	60	82	199	341
Psychiatric Conditions	48	15	68	131
Malignant Disease	1	19	27	47
Debilitating Disease	2	15	24	41
Blindness and Deafness	1	4	20	25
Totals	245	266	618	1,129

The most important single factor encountered was the inability to climb stairs. Many recommendations had to be made for rehousing into accommodation accessible without the use of stairs, a category which, in general, includes accommodation accessible by a lift. A summary of the types of recommendations made is given in the table below:—

TYPES OF RECOMMENDATIONS MADE

Recommendation	Special Priority Allocation	Transfer	Totals
No stairs	134	319	453
No more than one flight of stairs	80	156	236
Ground floor	47	134	181
House	4	7	11
Warden-controlled	1	2	3
Totals	266	618	884

# Cremation

The medical Officer of Health continued to act as medical referee to the Liverpool Crematorium. Several other medical officers on the staff of the department act as deputy medical referees. The documents, which are statutory, are scrutinised at the central offices of the Liverpool Health Department before authority is given to cremate.

The number of cremations carried out during the year at the Liverpool Crematorium was 4,500. This is a slight increase over the number undertaken during 1972 (4,419).

No undue difficulties arose during the year in respect of sudden deaths occurring abroad where cremation was later carried out. Written formal requests for cremation to take place on death were received, as in former years, from several members of the public, and these are filed for future reference in order that their wishes may be met.

# Water Engineer's Report

The water supply in all parts of the area has been satisfactory in quality and quantity.

No case has occurred of specific contamination of sources and, therefore, no special measures have been required. Vigilance continues and contingency measures are available should they be required.

The number of dwelling houses, flats and shops with domestic living accommodation supplied from the public water mains in Liverpool was 195,253. None was supplied by a standpipe. The population of the City, as estimated by the Registrar General for the 30th June 1973, was 574,560.

Five samples of water from the aqueducts were examined for fluoride content. The weighted average amount of fluoride expressed as F in the samples was 0.17 mg/l, the range being from 0.02 to 0.22 mg/l.

During the year 1973, bacteriological examinations were made on 3,848 samples of water from the aqueducts, wells, storage reservoirs, trunk mains and distribution system. Of the 3,848 samples, 922 were taken within the City from two service reservoirs and from sampling points on the mains other than the trunk mains. Of the 922, 92.3% were free from E.Coli in 100 ml. and 75.3% were free from coliform organisms in 100 ml. Of the 3,848 samples, 1,394 were taken from the trunk mains which serve the City and other parts of the area of supply. Of the 1,394, 97.2% were free from E Coli in 100 ml. and 83.6% were free from coliform organisms in 100 ml. Also, 36 chemical analyses were made and the results were satisfactory.

For plumbo-solvency, 298 analyses were made by the Public Health Laboratory. The average amount of lead absorbed in these samples (excluding those taken from houses by Public Health Inspectors) of water that had passed through test lengths of lead piping was .035 p.p.m. 406 analyses were made by the Water Division's Chemist at Huntington, and the average amount of lead absorbed in these samples of water that had passed through test lengths of lead piping was .026 p.p.m. The supplies from Rivington, Lake Vyrnwy and Huntington were treated with hydrated lime to raise the pH value.

# Chest Physicians' Reports

## **SOUTH LIVERPOOL CHEST CLINIC**

**Dr. F. E. Crawley, Consultant Chest Physician, writes:**

There has been nothing remarkable about the past year.

The numbers on the register have shown their expected slight fall of only 20 and, after a temporary rise in 1972, notifications of respiratory tuberculosis have now settled back to the 1971 figures and non-respiratory tuberculosis patients have only been 7, though this figure is quite unreliable in view of the frequent non-notification of non-respiratory disease.

It is an indication of the modern effectiveness of therapy that one-quarter of patients are on active drug treatment, the others still being supervised only for a period of about four years before being removed for further supervision for disease then considered to be healed.

The Contact Clinic is still quite busy, many more attendances now being made per case notified than in years gone by—much of the fear of this precautionary check appears to have gone and tends, in fact, to be welcomed. Deaths attributed to the disease have fallen to the lowest ever in the area, being only three during the year.

Radiological investigations and attendances show figures virtually identical with those of last year for the small reduction in those under regular supervision has been more than compensated for in the number of new patients referred with other chest disorders.

	1972	1973
Number on Register	567	547
New T.B. Patients—		
Non-Respiratory	9	7
Respiratory	61	55
Transferred IN	24	8
Recovered	48	87
On Chemotherapy at 31st December	152	132
Visits by Doctors	1	2
Visits by Nurses (T.B.)	4,981	3,813
Old contacts re-examined	957	873
New contacts examined	573	548
New contacts found to be T.B.	4	3
B.C.G. Vaccinations at South Chest Clinic	273	168
B.C.G. Vaccinations at birth		
Sefton General and Liverpool Maternity Hospitals	94	73
Deaths from Tuberculosis	7	3
Deaths from other causes	8	18
Number of X-rays	2,348	2,353
Total Attendance at Clinic	3,607	3,512
New Patients—other chest conditions	489	516
Total Attendances—other chest conditions	831	1,026
Hospital admissions for Tuberculosis	40	38
Patients with positive sputum not treated in hospital	Male	3
	Female	3

## **NORTH CHEST CLINIC**

### **Dr. W. D. Gray, Consultant Chest Physician, writes:**

The number of new cases notified as suffering from tuberculosis in the area of Liverpool served by North Chest Clinic has dropped from 44 to 25 during 1973. 220 contacts were examined, as compared with 447 in 1972. 209 contacts and others were given B.C.G. 844 tuberculin tests were performed as compared with 269 the previous year.

The Tuberculosis Register is now 553 as compared with 574 in the previous year. 12 patients died from tuberculosis in 1973 as compared with 18 in the previous year. The total number of attendances in the clinic remains about the same and includes a high proportion of non-tuberculous patients referred by general practitioners for diagnosis and treatment of emphysema, carcinoma of the lung, sarcoidosis and other chest disease.

Dr. Gray states: "In spite of all attempts to eradicate tuberculosis, a number of new patients are diagnosed each year, but the numbers seen by individual general practitioners and consultants are getting so small that some of the younger members of the profession do not always consider the diagnosis of tuberculosis and sometimes there are delays before a patient is sent to the chest clinic. It is essential, therefore, that tuberculosis should not be forgotten and that medical students and others should constantly be reminded that it remains a public health hazard which could be eradicated if internal vigilance were maintained."

## **CENTRAL CHEST SERVICE**

### **Dr. H. N. Bleasdale, Consultant Chest Physician, writes:**

The work of the Central Chest Service in 1973 has increased. 553 (475) patients attended for the first time, whilst the number found to be suffering from pulmonary tuberculosis was 32 (23), the remainder being found to have other chest conditions.

Contacts examined numbered 278 (288). The total number of patients attending the clinic including observation cases, but excluding contacts was 1,478 (1,375). The Health Visitors made 1,199 (951) visits to patients' homes and gave advice on the prevention of the spread of disease.

B.C.G. vaccination was given to 55 (50) contacts.

The work mentioned in the previous report designed to improve the amenities of the patients has been carried out, and is complete.

Although it is many years since the discovery of antibiotics and the dramatic decrease in the mortality and morbidity of tuberculosis, the disease is still with us. B.C.G. vaccination has been demonstrated to give a good measure of protection over a period of many years, and its use in schools should be encouraged. I cannot write these notes without making reference to the diligent work of the health visitors attached to the clinic. Their work in the field has brought to light several new cases, and their enthusiasm in the tracing of contacts has been exemplary.

The figures in brackets are those recorded in 1972.

## EAST CHEST CLINIC

**Dr. R. A. L. Agnew, Consultant Chest Physician, writes:**

The work at the East Chest Clinic during 1973 was influenced by the fact that Dr. L. H. Harris resigned from his post as Consultant Chest Physician at the end of May. Notwithstanding however, the numbers attending the T.B. Clinics were not unduly influenced by this and it is a pleasure to record the help I have received throughout the year from Dr. A. R. Corrado in helping to provide a T.B. Service for the East Chest Clinic.

As regards the work—361 patients (542) were examined for the first time and of these 51 were found to be definitely tuberculous (38). This would seem to indicate that although we saw a total of 181 patients less during the year, we picked up more cases of active tuberculosis.

The number of patients found to be suffering from other chest conditions was 215 (422) and the number free from disease was 95.

The total number of contacts examined was 125 (120) and of these 3 were found to be definite tuberculous, which is the same number as last year.

It is interesting to note that we were on the look out for cases of tuberculosis between the ages of 15 and 19 years for the British Thoracic and Tuberculosis Association and only two cases were notified in this age group.

The total number of attendances at the Chest Clinic during 1973 was 2,373, which is 300 less than in 1972.

The number of patients under medical treatment at home for tuberculosis was 83 (75), which shows a very slight increase compared with last year's figure. With modern anti-tuberculous drugs and improved home conditions, it is now possible to treat more patients at home, providing there is no risk of their infecting others and this trend may increase in the future.

63 patients were removed from the T.B. Register as recovered cases and it is hoped that this trend will continue in the future. The total number of patients on our T.B. Register has dropped to 291 (333). We no longer tend to follow-up patients with old healed pulmonary tuberculosis as a routine procedure, as it has been found that symptomatic relapses are referred by the G.P.s to us for investigation and treatment, if necessary. In some cases where lesions are of doubtful stability and the patient wishes to have a regular "check-up", it has been found that "routine annual X-ray only" copes with the situation very satisfactorily.

A total number of 2,876 Home Visits were made by the Health Visitors in 1973, which is a very similar figure to 1972.

89 (131) B.C.G. Vaccinations were performed on children by our Health Visitors which is a reduction compared with 1972. Nevertheless the work load of our T.B. Health Visitors shows no sign of slackening off in any way and I am again very grateful to both Miss McVeagh and Mrs Durrant for their helpful co-operation during the year.

1974 is bound to be a year of change with the re-organisation of the Health Service, but I understand that there will be no reduction in the number of Health Visitors and that they will simply be employed by the Area Health Authority with much the same conditions of service as before. I personally believe that their work should be extended to cover non-T.B. visits as well as T.B., so that they are attached to a Chest Clinic in much the same way as to a Group Practice.

**Note:** The figures in brackets refer to 1972 throughout the report.

### **LIVERPOOL CENTRAL CHEST SERVICE (Mass Radiography Section)**

**Mr. C. C. Warmer, Senior Administrative Officer, writes:**

The Liverpool Central Chest Service has its headquarters at Kingsway House, Hatton Garden, Liverpool 3, and comprises the Central Chest Clinic and the Mass Radiography Service.

The Mass Radiography Section has a static X-ray unit at headquarters and a mobile unit which covers those areas in S.W. Lancashire and Cheshire administered by the Liverpool Regional Hospital Board.

The work of the static unit in 1973 comprised X-ray examinations arising mainly from the following sources:—

- (1) Patients referred by family doctors.
- (2) Examinations made at the request of the Medical Officer of Health.
- (3) The examination of contacts of cases of tuberculosis.

The work of the mobile unit included the X-ray examination of contacts in various firms and establishments and visits to industry where hazards to the respiratory system were considered to be present. Visits were also made to Liverpool University, Teacher Training Colleges, centres for the attendance of Health and Education staffs and to Mental Hospitals, Prisons, and Remand Homes.

During the year 13,103 X-ray examinations were made at Kingsway House, 6,297 (48%) of these being at the request of family doctors.

The Mobile unit X-rayed 38,042 people, bringing the total examinations made by the Service to 51,145.

The number of cases of active pulmonary tuberculosis discovered was 40 (static unit 22, mobile unit 18). Of this number 21 were Liverpool residents.



# Maternity and Child Health

## MIDWIFERY SERVICE

During the year 355 midwives notified their intention to practice midwifery in the City. This is an increase of 31 midwives from 1972.

Notification of intention to practice from Hospital Midwives numbered 294, from domiciliary midwives 60, of which 19 were Lancashire County and Bootle midwives, who deliver patients in Fazakerley Hospital.

There was one notification from a private midwife.

The number of domiciliary births was 178, compared with 298 in 1972, this shows a decrease of domiciliary births of 120 from the previous year. 73 deliveries were conducted in hospital by domiciliary midwives, bringing the total births to 251.

The midwives undertook the antenatal care of these 73 women in conjunction with Liverpool Maternity Hospital and Broadgreen Hospital, the patients being subsequently delivered in the respective hospitals, the nursing care of the patients was continued at home after early discharge from the hospitals; discharge occurring, in the main, 12 to 48 hours after delivery.

The number of patients discharged from hospital to the care of the domiciliary midwives was 6,862, this shows a decrease of 777 from the 1972 figures. Of these 6,862 patients, 572 were premature babies who were cared for by the three specially trained midwives.

### Staff

The midwifery staff at the beginning of July 1973, consisted of:—

- 1 Non Medical Supervisor of Midwives
- 1 Assistant Non-Medical Supervisor
- 1 Midwifery Tutor
- 1 Training Superintendent
- 31 Full-time Midwives
- 3 Premature Baby Midwives
- 3 Part-time Midwives

With the implementation of the Mayston structure in the Health Service in July 1973, members of the midwifery service were re-designated.

The Non-Medical Supervisor of midwives was appointed Area Nursing Officer and retained the title and duties of the Non-Medical Supervisor of midwives.

The Midwifery Tutor was appointed Divisional Nursing Officer to the East of Liverpool.

The Assistant Supervisor, Training Superintendent and a domiciliary midwife were appointed Nursing Officers—Midwifery.

During the year two full-time and one part-time midwives were appointed. In November 1973, a Midwifery Tutor was appointed.

At the end of 1973 the midwifery staff consisted of:—

- 1 Area Nursing Officer. Non-medical Supervisor of Midwives
- 3 Nursing Officers—Midwifery
- 1 Midwifery Tutor
- 31 Full-time Midwives
- 3 Premature Baby Midwives
- 3 Part-time Midwives

### **Training of Part II Pupil Midwives**

The training scheme continued satisfactorily with pupil midwives from Sefton General Hospital, Liverpool Maternity Hospital and Mill Road Maternity Hospital. Broadgreen Hospital had no pupil midwives in training during 1973.

An average of 25 pupil midwives, each quarter, worked under the supervision of the teaching district midwives. Tutorials and practical teaching was conducted by the Tutor and Training Superintendent.

72 pupil midwives took the qualifying examination. 71 were successful and qualified as midwives.

At the end of the year 28 pupil midwives were still in training.

During 1973, 26 midwives worked as approved district teachers.

During the year, 166 student nurses undergoing Obstetric Nurse training at Sefton General Hospital, Liverpool Maternity Hospital, Broadgreen Hospital and Mill Road Maternity Hospital, spent a day in the community visiting the patients with the domiciliary midwives in the mornings and visiting a Child Health Clinic in the afternoon.

This averaged 42 nurses every three months spending a day of observation in the community.

### **Midwives Accommodation**

Thirteen midwives occupied Corporation houses or flats; two lived in furnished accommodation.

### **Transport**

25 midwives (both full and part-time), the premature baby team and management staff were car owners and drivers. 8 midwives used public transport and 1 midwife is a cyclist.

### **Post-Graduate Courses**

During 1973, 7 midwives attended the statutory courses which were held in various parts of the country.

### **Relaxation and Parentcraft**

Courses on relaxation and parentcraft were arranged in Liverpool during July 1973. All the domiciliary midwives attended these courses and in conjunction with the Health Visitors, conduct Relaxation and Parentcraft classes at the Family Health Clinics in the City.

Since July the midwives have attended and conducted 233 sessions at Relaxation and Parentcraft classes.

**Family Planning**

18 midwives have completed a course in Family Planning and have been awarded a certificate of proficiency in this service. By the end of 1974, all midwives will have completed this course.

Midwives attended 170 sessions at Family Planning Clinics in the City.

**The Art of Teaching**

During the year, a course on “The Art of Teaching” was arranged by the Teaching Staff of Liverpool Maternity Hospital and domiciliary midwives were invited to join the hospital midwives on the course. Eight midwives attended the course.

The course was arranged in preparation for the single period midwifery training for nurses which it is hoped will be implemented in Liverpool.

**Antenatal Care**

Antenatal care of the mother was carried out at 21 General Practitioners’ Clinics, including the Health Centres at Toxteth and Cantril Farm, at Hospital antenatal clinics, and by visits to the homes of patients.

Midwives attended 694 sessions with family doctors and 36 sessions at Hospital Antenatal Clinics. 2,699 visits were made to patients in their own homes.

**Assessments of Home Conditions**

3,413 visits were made to assess the home conditions of patients referred, who requested early discharge from hospital after confinement.

**The Emergency Obstetric Unit**

The emergency obstetric unit was called out on 5 occasions to the homes of patients. Blood transfusion was not required on any occasion.

Reasons for calling the unit were:—

Undiagnosed Twins	1
Retained Placenta	3
Respiratory Distress Syndrome	1
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	5
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None of the patients was transferred into hospital; they were nursed at home following treatment.

**Emergencies**

Midwives were called to emergencies by the ambulance service on 34 occasions. These calls were to patients booked for hospital confinement, or to patients who had received no ante-natal care. Twenty-four patients were transferred to hospital in labour or immediately after delivery and 10 mothers and babies were nursed at home.

### **Post-Natal Care**

After confinement, midwives made 2,491 visits to their booked cases, and 38,373 visits were made to patients who were delivered in hospital and discharged home before the end of the early post-natal period.

During the year, midwives conducted 5,198 routine blood tests for Phenylketonuria.

### **Co-operation with General Practitioners**

Co-operation and liaison between the midwives and General Practitioners is satisfactory. The attendance of the midwives at the doctors' clinics, their shared care of the patients, whether they are booked for home or hospital confinement, and the follow-up care of these patients after confinement strengthens the liaison between the midwife and doctor.

At the request of the General Practitioner, 336 visits were made to patients within their own homes. Most of the visits were to clinic defaulters and during these visits, midwives conducted ante-natal examinations of their patients.

### **Co-operation with Hospitals**

Communications and co-operation between the midwifery service in the hospitals and the midwifery service in the community has always been extremely good. The advent of domiciliary midwives into hospital to conduct ante-natal care and delivery of their patients has further integrated the service. This is of psychological benefit to the patients.

### **Premature Babies**

Two premature babies were born and nursed at home. Five hundred and seventy-two premature and "at risk" babies born in hospital were later discharged to the care of the premature baby team. Among these babies discharged from hospitals were 32 sets of twins.

Midwives caring for premature babies made 36 visits to babies born at home. They also made 2,743 visits to babies discharged from hospital, and 1,272 visits to mothers after discharge from hospital prior to the babies discharge.

Midwives made 359 visits to homes to assess home conditions and to advise the mothers on conditions suitable for small babies.

MIDWIFERY SERVICE

ASSESSMENT OF HOME CONDITIONS — 1973

Hospital Requests	Suitable for Early Discharge	No Contact	Not Suitable for Early Discharge
2,322	1,976	88	258

MIDWIFERY SERVICE — HOSPITAL DISCHARGES — 1973

HOSPITALS	2nd Day	3rd Day	4th Day	5th Day	6th Day	7th Day	8th Day	9th Day	10th Day	Prem- ature Births	Total
Liverpool Maternity	299	289	180	421	501	207	93	50	17	148	2,205
Mill Road Maternity	206	162	65	38	91	607	206	31	25	157	1,588
Broadgreen Hospital	86	71	32	35	233	274	34	22	9	46	842
Fazakerley Hospital	103	121	45	256	372	59	21	22	6	96	1,101
Sefton General Hospital	102	67	55	30	39	363	184	72	25	118	1,054
Other Hospitals	4	4	5	9	26	12	1	2	2	7	72

Total	800	714	382	789	1,262	1,522	539	198	84	572	6,862
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**REASONS FOR MIDWIVES CALLING MEDICAL AID TO HOME  
CONFINEMENTS — 1973**

Mothers		Babies	
Ruptured Perineum	6	Respiratory Distress Syndrome	1
Pre-Eclampsia	2	Melaena	1
Abruptio Placentae	5	Cord. Haemorrhage	1
Anaemia	1	Ottorhoea	1
Delay in 1st Stage of Labour	3		
Delay in 2nd Stage of Labour	1		
Transverse Lie	1		
Intra Uterine Death	1		
Premature Rupture Membranes	1		
Premature Labour	1		
Hyperemesis Gravidarum	1		
Small for Dates Syndrome	1		
Subinvolution	4		
Thrombophlebitis	2		
Total 30		Total 4	

**REASONS FOR MIDWIVES CALLING IN MEDICAL AID TO  
HOSPITAL CONFINEMENTS — 1973**

Mothers		Babies	
Urinary Tract Infections	9	Sticky Eyes	22
Infected Perineum	12	Hypocalcaemia	8
Thrombophlebitis	12	Oral Monilial Infection	4
Engorged Breasts	9	Blood Stained Stools	4
Subinuolution	5	Sore Buttocks	1
Depression	7	Jaundice	4
Anaemia	2	Feeding Problems	5
Hypertension	5	Pyrexia Unkown Origin	1
Secondary Post-Partum Haemorrhage	9	Oomphalitis	2
Upper Respiratory Tract		Diarrhoea	1
Infection	3	Septic Spots	1
Patient Fell Alighting from		Diffuse Rash	2
Ambulance	1	Grunting Respirations	1
Vaginal Discharge	1	Snuffles	2
Diarrhoea and Vomiting	1	Paronychia	1
Oedema of Legs	1		
Septic Finger	1		
Haemorrhoids	1		
Infected Abdominal Wound	1		
Abdominal Pains	1		
Total 82		Total 59	

**REASONS FOR MIDWIVES CALLING MEDICAL AID TO PATIENTS BOOKED FOR HOSPITAL — 1973**

<b>Mothers</b>		<b>Babies</b>	
Abruptio Placentae	6	Prematurity	1
Anaemia	2	Asphyxia Neonatorum	2
Abortion	2		
Multiple Pregnancy	3		
Polyhydramnios	2		
Social Reasons	6		
Poor Obstetric History	2		
Pre-Eclampsia	2		
Breech Presentation	5		
Post Maturity	8		
Large Foetus	1		
Unstable Lie	3		
Rhesus: Isoimmunization	2		
Disproportion	1		
Intra Uterine Death	1		
Premature Labour	1		
Delay in 1st Stage of Labour	3		
Brow Presentation	1		
Total 51		Total 3	

## MATERNAL DEATHS

There were four maternal deaths in 1973. Only one of these was directly due to pregnancy. Death was caused by acute Fatty Liver of Pregnancy.

The remaining three deaths were not directly due to pregnancy or delivery. One was due to a cerebral tumour, one to bronchial pneumonia following peritonitis associated with ulcerative colitis and one to cerebral necrosis due to cardiac arrest.

## **MAYSTON MANAGEMENT STRUCTURE FOR COMMUNITY NURSING SERVICES**

On the 1st September 1972, Mr. B. H. Dickinson was appointed Director of Nursing Services. This was the first post implemented in the new Management Structure.

On the 9th July 1973, the next posts filled were those of the three Divisional Nursing Officers.

North Division 118,000 population.

This post is a geographical one for three Services and there is also the functional post for responsibility for School Nursing Service.

East Division and Central/South Division

Both divisions of approximately 250,000 population and both geographical posts.

On the 23rd July 1973, six Area Nursing Officers were appointed to Middle Management posts: 4 of these posts are geographical, 1 is part geographical and has a functional role also, as the non-medical Supervisor of Midwives.

The Sixth Area Nursing Officer is a purely functional role with responsibility for the School Nursing Service.

On the 3rd August 1973, 30 Nursing Officers were appointed to posts, of which all have functional roles:

- 11 Health Visiting
- 11 District Nursing
- 5 School Nursing Services
- 3 Midwifery Service

as from 1st September 1973. All Nursing Staff, Health Visiting, District Nursing and Midwifery were identified and working within the three defined Nursing Divisions of the City.

## **DISTRICT NURSING SERVICE**

The District Nursing Service Staff was re-allocated in May 1973, from their traditional pattern of working within eight areas. They were re-aligned along the same District boundaries as the eleven Social Service Districts. They have continued to work in this way in the Mayston Structure as they can quite easily and readily be identified with the Three Nursing Divisions and the Divisional Nursing Officers.

In July 1973, Miss A. A. Hogg was appointed as Community Nurse Tutor having obtained her certificate at the Royal College of Nursing with Distinction.

She is now engaged in Training District Nurses and is involved with other courses of In-Service Training.

## **HEALTH VISITING**

### **Premises**

No new premises have been opened this year. Carnegie Clinic which was opened early in the 1930's closed on 19th October 1973 because the premises were handed over to the United Liverpool Hospitals and will become a part of the Liverpool Maternity Hospital complex. This building had been a part of the history of Maternity and Child Welfare Services in this City with a very great record of services to the community since it opened. Sadly the premises to which the Clinic is to move are not yet ready for occupation but we hope to see them operational in the near future. These premises will be at 3 Rodney Street, Liverpool 1. In the interim period we have been very kindly offered facilities to hold our Child Health Clinic and Family Planning Clinic at the Hanneman Hospital, Hope Street, Liverpool 1. This does in a limited way help us to serve the people in that area of the City.

### **Health Visitor Training**

In the 1972/1973 course there were 36 students in the school. Twelve of these were sponsored by Liverpool and almost all these students achieved a very high standard of work both in theory and in the practice of Health Visiting. Unfortunately, one of the students had to leave the City because of urgent domestic problems and take up a post at Newcastle-on-Tyne. Another pupil only worked with us until 30th October as her husband had moved to Capel Curig, North Wales, and she could not cope with the daily travelling. The other 10 students were placed in districts within the City and are proving valuable members of the staff.

In September 1973, the Training Course became part of the Liverpool University Department of Extension Studies and its intake of students has been increased to 45 students. Because of the higher intake of students, a third Tutor was appointed and commenced duties at the school in September. There are 15 Liverpool sponsored students in this school.

### **Staff**

As in other years the retention of trained staff continues to be a problem and recruitment has become more difficult because of the pending re-organisation of the National Health Service. One result of re-organisation is that nurses in hospital are unsure as to whether they should undertake training for the Health Visitors Certificate, and this is reflected throughout the country at this time.

During 1973, seven health visitors retired, five left for domestic reasons and ten took up posts within other authorities or returned to posts within the hospital service. Miss A. Watson, Principal Nursing Officer (Health Visitors), and previously Superintendent Health Visitor, retired on the 23rd February 1973, and many of her friends and colleagues met at Newsham General Hospital on that afternoon to wish her well in her retirement. We were very grateful for the facilities and courtesies extended by the Hospital Management Committee.

## **Staff — 31st December 1973**

- 11 Nursing Officers, Health Visitors
- 12 Field Work Instructors
- 45½ Health Visitors including 7 part-time or 3½ full-time
- 6 State Registered Nurses, full-time
- 10 State Registered Nurses, part-time
- 45 Family Planning Nurses (Sessional Workers)

### **Courses Attended**

Two health visitors who are on a Day Release Course to obtain their Diploma in Nursing gained their Part I Examination and commenced Part II of the Course in September 1973. One health visitor who had done part I of a similar Diploma Course in her own time was granted leave to do Part II on a day release basis. Three health visitors attended a field work instructors course at Manchester and obtained their certificates. They are working as Field Work Instructors with this year's students.

Twelve health visitors attended a course held at the Community Nursing Teaching Centre, 1 Church Road, Walton, Liverpool, in September 1973, and were trained in hearing assessment techniques by a lecturer from the Department of Audiology, Manchester University. This course has been of immense benefit to all the staff who received training in testing babies and young children. Hearing Assessment clinics are an extremely necessary and important part of the health visitors work.

### **FAMILY HEALTH CLINICS**

The number of clinics in operation at the end of the year was 26. These were as follows:—

- 1 Health Centre
- 11 Purpose Built Clinics
- 7 Adapted Premises
- 7 Church Halls used on a Sessional basis

The usual clinic programme continued for most of the year, but there has been a much greater emphasis on Hearing Assessment Sessions. Now that the staff have received training in this work the number of sessions has been increased at each Centre. This situation also applies in the field of Developmental Assessment Clinics. All sessions are by appointment and the response to these appointments has not been up to expectation in some parts of the City. This entails a follow up programme of home visiting by the health visitor to encourage the mothers, give them reassurance and educate them to the very great benefits to their babies and young children from the new service.

### **Health Education**

This too is a very necessary part of the work of the health visiting staff and in 1973 a very varied programme was planned and carried out. Considerable help and assistance was given to the staff participating in these activities by both the Health Education Organiser and the Health Education Officer.

The programmes were held in Child Health Clinics, Hospitals, general practitioners premises, the Health Centre and many other places such as factories and various types of clubs. The number of Health Education Sessions held by the Health Visiting staff during the year was 617.

### **Diabetic Follow-up**

On 25th October 1973, Miss H. Ross who had been the Specialist Diabetic Visitor for 18 years retired. She had worked in a liaising capacity at several of the city hospitals and had a heavy case load of patients to visit. This work is at present being carried on by Mrs. J. Moyle who is also acting as the Neurological Visitor at Walton Hospital, as the previous holder of this post resigned in November.

### **General Practitioner Attachment**

There has been no change in the situation during 1973 and it is hoped that in the coming year it may be possible to consider some further attachment schemes in the City.

The schemes present many difficulties and it is an aspect of work that newly qualified health visitors think about when they look for posts with other authorities, as they wish to work in a group attached situation. The liaison schemes continue to fill a very necessary and useful role in helping general practitioners, health visitors and the patients concerned in these practices.

### **Care of Children**

In 1973, 7,086 primary visits were made to babies born during the year following their discharge from hospital or from the care of the midwife. The figure includes a number of children born outside Liverpool but who had moved into the City before the health visitor could pay her first visit.

Altogether, 72,093 effective visits were paid to children under the age of five years. The purpose of these visits was to give help and advice to the parents and to educate them to maintain as high a standard of living as possible in their circumstances and to promote mental and physical good health. It is during these visits that deviations from the normal development can be detected and the parents are invited to bring the child to the Family Health Clinic for further assessment.

The first screening procedure for young babies is the one for Phenylketonuria and in 1973, 8,756 blood tests were made and 118 urine tests. No cases were discovered.

During the year, 38,395 children under the age of 5 years and their families were being visited by the health visitor.

Some children with defects or deviations from the normal may need to seek specialist advice. During 1973, 491 children required this advice which is available through the School Health Service.

The following is a Summary of the advice sought.

Mental and Physical Assessment	3
Hearing Assessment	65
Speech defects	6
Educational tests	29
Eye defects	234
Orthopaedic defects	154
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	491
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**Families with problems**

Much of the work with these families would not be possible if the health visitors did not have a good working relationship with other workers in the social field and the Voluntary Societies. The following is a Summary of the agencies contacted during the year 1973.

Social Service	1,821
District Nurses	595
Chiropodists	1,066
General Practitioners	1,123
Medical Social Workers (Hosp)	741
Health Inspectors	625
Occupational Therapists	556
Dept. of Helath & Social Security	491
Education Welfare	164
Probation Officers	66
N.S.P.C.C.	65
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	7,313
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**Changing Trends in the Work of the Health Visitor**

1973 saw some changes in the pattern of the work of the health visitor both in her role with young children and her work with the family as a whole.

From October 1st the midwifery staff took over the organizing and running of the Mothercraft and Relaxation classes at the Clinics. The health visitor gives her co-operation with a proportion of the lectures. This has been enjoyed by the midwives and has given the health visitor more time to spend on other newly developing services.

A great deal of the health visitors time is spent attending case conferences. These conferences are made up of social workers, hospital staff and general practitioners or any combination of the above together with representatives from the voluntary agencies. The number of these conferences during 1973 was 1,750. These conferences are of great importance especially because of the Battered Baby Syndrome which is causing so much concern at the present time.

This year, for the first time, a Pilot Study in the field of screening of Geriatric Patients was organised with the co-operation of a general practitioner. At each session at the doctors surgery there was in attendance a medical officer, chiropodist and health visitor and a social worker.

Patients were called to the surgery by appointment for examination. The examination included both urine and haemoglobin tests. A general assessment was carried out by the whole team on the varying needs of the patients. Non-attenders at the surgery were followed up at home by the health visitor who gave encouragement and reassurance where necessary. When the findings of this survey are complete they may help with a more realistic approach to the needs of the elderly in the City.

**Hearing Assessment Clinic**

During 1973, there has been an increase in these sessions which are being held in 18 centres.

A total of 441 sessions was held. The response to appointments has not been good and the health visitor is doing her utmost to encourage the mothers to keep these appointments and the necessity to attend with their young children.

Number of children seen	2,090
Number of children sent for	4,756
Number of children passed	1,814
Number of children referred for further tests	276

**THE FOLLOWING IS A SUMMARY OF THE CLINIC ACTIVITIES  
DURING THE YEAR 1973**

Number of Centres at which Ante-natal Clinics were held	1
Number of Sessions held per week	1
Number of women who attended during the year—Doctors Sessions	109
Number of attendances at Doctors Sessions	570
No. of Centres conducting Mothercraft Classes	14
Number of women attending Mothercraft Classes	463
Number of attendances at Mothercraft Classes	1,921
Number of Centres at which Child Health Sessions were held	27
Number of Sessions held per week	55
Number of new bases under 1 year	5,978
Number of new bases 1 – 5 years	595
Number of children who attended under 1 year	6,000
Number of children who attended 1 – 2 years	4,924
Number of children who attended 2 – 5 years	3,675
Total number of children who attended	14,599
Attendances by children under 1 year	42,733
Attendances by children 1 – 2 years	7,148
Attendances by children 2 – 5 years	7,711
Total number of attendances during the year	57,592
Number of centres at which Family Planning Clinics were held (including hospitals)	26
Number of Sessions held per week	40
Total number of women who attended first time for advice	6,862
Total number of attendances made	31,515
Number of Centres at which Cytology Sessions were held	19
Number of Sessions held per week	19
Number of Smears taken	11,504
Number of Centres at which Hearing Assessments were held	18
Total Number of children who attended for assessment	2,113
Number of Centres at which Developmental Assessments were held	16
Total number of children who attended Sessions	834

## **HEALTH SCREENING**

### **Pre-Diagnostic Screening for Metabolic Disease of the New Born**

The investigation for detection of Phenylketonuria continued in 1973. During the year, 8,368 infants were tested. No case of Phenylketonuria was detected in 1973.

## **DEVELOPMENTAL PAEDIATRIC CLINICS**

Developmental Paediatrics is a systematic and detailed study of a child's progress physically, mentally and emotionally by routine medical examinations at key ages.

For years health screening examinations of pre-school children have been undertaken by medical officers at all baby clinics, but where clinics are busy it is not always possible to carry out detailed examinations and parent counselling. Therefore, it was decided to open special developmental assessment sessions. The attendances of children at these sessions is by appointment. The examinations are carried out by experienced medical officers, some of whom have attended courses in developmental Paediatrics.

By the end of the year 15 sessions were being held weekly at the various child health centres throughout the City.

At present priority is given to those children in the "at risk" register as these are the ones most likely to develop handicapping conditions. As more medical staff become available, it is hoped to expand the service to all children.

The medical supervision and assessment of babies to be placed for adoption by the Social Services Department is undertaken at these sessions; 41 babies were screened during 1973.

ANALYSIS OF THE ATTENDANCES AT THE DEVELOPMENT ASSESSMENT CLINICS

CLINICS	Sessions	No. of children seen	Total No. of children sent for	Under 1 year			1 — 2 years		2 — 5 years		Result of hearing test		Result of vision test		Return visits	Hospital	GP	Dentist	Speech	Aural	Eye clinic	Mental assessment S.H.	Other Depts.
							1 — 2 years	2 — 5 years	pass	fail	pass	fail											
Croxteth	25	84	168	26	31	27	68	16	74	10	13	1	1	—	1	—	—	1	—	—	—	—	
Dovecot	5	8	36	—	3	5	8	—	8	—	1	—	—	—	—	—	—	—	—	—	—	—	
Fazakerley	8	27	52	10	11	6	26	1	24	3	3	—	—	—	—	—	—	—	—	—	—	—	
Garston	8	20	50	—	8	12	19	1	20	—	3	—	—	—	—	—	—	—	—	—	—	—	
Hartington Road	21	61	83	9	12	40	53	8	56	5	16	1	2	1	—	2	1	—	1	2	2	—	
Lee Park	11	43	51	5	10	28	35	8	40	3	14	1	3	—	—	2	—	3	1	—	—	—	
Limekiln Lane	2	3	25	—	2	1	2	1	1	2	—	—	—	—	—	—	—	—	—	1	—	—	
Livingston Drive	11	33	45	—	20	13	32	1	33	—	1	2	1	—	—	—	—	—	—	1	—	—	
Netherfield Road	6	12	36	—	6	6	8	4	12	—	1	1	—	—	—	—	—	—	—	1	—	—	
Norris Green	50	267	558	3	7	257	240	27	231	36	214	1	9	124	3	5	2	3	5	2	3	5	
Rathbone Road	7	32	40	5	10	17	31	1	27	5	5	—	—	—	—	1	—	1	1	1	—	3	
Rose Lane	7	32	42	12	12	8	31	1	28	4	1	—	—	—	—	—	—	—	—	—	—	—	
Sheil Park	24	93	123	11	29	53	88	5	90	3	39	7	9	—	—	2	—	—	—	1	2	2	
Speke	6	16	77	13	2	1	13	3	13	3	—	—	—	—	—	1	—	1	1	1	1	—	
Toxteth	12	58	113	13	24	21	54	4	57	1	16	3	2	1	—	1	1	—	1	—	—	—	
Queens Drive	12	45	63	18	12	15	36	9	44	1	10	1	1	—	—	—	—	4	—	—	—	—	
Totals	215	834	1,562	125	199	510	744	90	758	76	335	18	28	125	11	16	13	8	10				

### Training of Medical Officers

Two medical officers are attending the Developmental Paediatric Course, Department of Child Health, Alder Hey Hospital. This is a weekly day release course for an academic year. A part-time medical officer attended the course at the Society of Community Medicine, Tavistock House, London.

### In-Service Training Courses

In September a two-day course on Screening Tests of hearing to babies and young children, conducted by a member of the Department of Audiology and Education of the Deaf, Manchester University, was held at the Community Nursing Training School, Church Road, Liverpool. Five medical officers and 18 health visitors attended.

A similar one-day course was held in November for medical officers only; fifteen attended.

### HEALTH VISITORS HEARING ASSESSMENT CLINICS

Screening tests of hearing is now part of the Health Visitors work and in order to facilitate screening, 431 special clinics were held at sixteen centres throughout the City.

Tests were carried out on 2,050 children between the ages of nine and twelve months; of these 269 failed to pass and these were referred for further assessment either to the developmental paediatric clinics or to the School Health Service.

It will be seen from the following table that less than 50% of the children sent for attended, and it is hoped to extend this service and screen children in the home as more health visitors become available and trained.

#### ANALYSIS OF ATTENDANCE AT HEALTH VISITOR HEARING ASSESSMENT CLINICS — 1973

Clinic	Sessions	No. of Children seen	Total No. sent for	No. Passed	No. Failed
Carnegie	13	47	74	37	10
Croxteth	59	148	431	117	31
Dovecot	20	80	243	73	7
Fazakerley	11	49	106	33	16
Garston	28	242	520	207	35
Hartington Road	51	396	930	345	51
Lee Park	3	23	51	20	3
Limekiln Lane	13	42	123	28	14
Livingstone Drive	29	124	244	117	7
Netherfield Road	13	56	158	40	16
Norris Green	47	154	387	137	17
Queens Drive	25	128	178	108	20
Rathbone Road	49	249	545	233	16
Rose Lane	29	179	325	161	18
Sheil Park	1	3	8	3	—
Toxteth	40	130	326	122	8
<b>Total</b>	<b>431</b>	<b>2,050</b>	<b>4,649</b>	<b>1,781</b>	<b>269</b>

## A PILOT SCHEME OF HEALTH SCREENING IN THE ELDERLY

An important aspect of preventive medicine is the detection of pre-symptomatic disease, and, to this end, a pilot scheme was implemented to screen the health of a group of patients felt to be "at risk" from several remediable disorders, for example, anaemia, deafness and cataract.

The population chosen for the study were those patients aged sixty-five years and over, on the medical lists of two general practitioners, who co-operated closely with the scheme. The screening clinic was held on the practice premises, and the invitation to attend came, by letter, from the general practitioner. The scheme was initiated by Liverpool's Personal Health Services department who provided a medical officer, health visitor and chiropodist to participate in the screening; and when necessary an ambulance was provided to transport the patients to the clinic. A social worker attended, and advised the patients about the services to which they were entitled, and where necessary, followed up the initial assessment with a home visit. Close liaison was maintained with the Occupational Therapy section, and any patient who it was thought might benefit from the service was referred for domiciliary assessment.

A full medical history was taken from each patient and a medical examination performed, including a distance and near vision test, a hearing test, a urine test, haemoglobin estimation and full blood count, the laboratory facilities being provided by Newsham General Hospital. An attempt was made to assess the adequacy of each patient's diet by assessing their average weekly consumption of the principal foodstuffs.

The statistical analysis of the screening project shows a rather poor acceptance rate, but in those patients seen, there was certainly sufficient latent disease for doctors not to be complacent about the health of the community. It is comforting that the commonest conditions found are potentially remediable, for example, anaemia, visual disorders and deafness.

It was felt that there should be a follow-up study of those patients who failed to attend, especially of those unknown to the general practitioners, and this is now in progress.

It must be emphasised that without medical follow-up and treatment of the conditions found, the screening itself is valueless, and this must be the function of the general practitioner.

### STATISTICAL ANALYSIS OF SCREENING OF ELDERLY PROJECT

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Service offered to 757 patients

Total No. seen at home/surgery 354 patients 47%

New Chiropody referrals 67 patients 19% of patients seen

New Social Services referrals 44 patients 12% of patients seen

Medical Conditions requiring investigation/treatment 170 patients 48% of patients seen

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## ANALYSIS OF CONDITIONS FOUND REQUIRING FURTHER INVESTIGATION/ TREATMENT

	APPROX.	
Hypertension.		
Diastolic Blood Pressure		
> 12 cmm c/Hg.	14 patients	4%
Anaemia		
Hb. < 129%	72 patients	20%
Abnormal blood film	3 patients	0.8%
Cardio-Vascular disease	7 patients	2%
Visual defects	19 patients	6%
Psychiatric disorders	9 patients	2½%
Deafness	12 patients	3%
Arthritis	10 patients	3%
Skin disorders	5 patients	1.4%
Gastro intestinal disorders	3 patients	0.8%
Miscellaneous disorders	11 patients	3.3%
Abnormalities on urine analysis	5 patients	1.4%

## AT RISK REGISTER

### Non-Accidental Injury to Children

The register continued to be maintained during the year. At the end of 1973 there were 82 cases on the register. Of these 58 cases were added during the year; 22 cases were suspected and in thirty-six incidences a case conference was held.

## REGISTER OF CHILDREN BORN AT RISK

The number of children under the age of 2 years on the register at the end of 1973 was 2,068. Of these 1,353 were born during the year.

### Handicapped Children Register

The register of children born with obvious congenital abnormalities was maintained in 1973. The number of children notified was 220 compared with 474 in 1972. This represents a fall of 46.4%. A decrease could be expected with the declining birth rate, but failure on the notification system must also be considered. However, these figures are comparable with the notifications on the register kept by the Institute of Child Health at Alder Hey Children's Hospital.

	1973	1972
Central nervous system	21	49
Ear and eye	5	4
Alimentary system	19	22
Heart and Great Vessels	27	69
Respiratory system	3	9
Urogenital system	25	41
Limbs, etc.	98	221
Other skeletal deformities	5	13
Skin muscle and endocrine disorders	10	38
Blood disorders	—	1
Others not specified	7	7
	<hr/> 220	<hr/> 474

## REGISTERED NURSING HOMES

The following Nursing Homes are registered with the Local Authority and are visited at regular intervals by a member of the medical staff. The purpose of these visits is to ensure the maintenance of an adequate standard of care and staffing in these homes.

“Lynwood”

32 Parkfield Road

Liverpool 17

St. Vincent’s Hospital

Broadgreen Road

Liverpool 13

Home for Aged Jews

“White Gables”

North Mossley Hill Road

Liverpool 18

Old Peoples’ Accommodation Nursing Home

25–27 Sefton Drive

Liverpool 17

Lourdes Nursing Home

Greenbank Road

Liverpool 15

Marie Curie Nursing Home

“Sunnybank”

Speke Road

Liverpool 25

Croxteth Nursing Home

60 Croxteth Road

Liverpool 8

## CERVICAL CYTOLOGY

The Cytology services have continued and are now on a five year recall system through the Computer at Southport. Statistics for 1973 are presented. One point comes out clearly that less than half the women given appointments attended clinics. Of 9,933 appointments, only 4,190 were kept. This may be a sign of apathy among women. Perhaps more health education programmes could help women to come forward to make use of the services available in the 20 clinic sessions a week.

The request from nine factories for Cytology Services was very encouraging. The number of cervical smears taken in the factories was 1,262.

The actual total number of smears taken during 1973 had increased from 1972.

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	1972	1973
Total number of smears	7,972	11,504
Number of smears taken at Cytology clinics	3,964	4,190
Number of smears taken at Factories	941	1,262
Number of smears taken at Family Planning Clinics	3,067	6,052

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The various breakdown figures for 1973 are given below.

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Erosion of cervix	2,672
Fibroids	33
Cervical polyps	111
Vaginal discharge	747
Vaginitis (mainly senile)	70
Prolapse (needing treatment)	1
Low Hb (anaemia)	1
Breast Neoplasms	1
Menstrual disorders	127
Others	382

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Number of smears which were technically unsatisfactory and were repeated	68
Number of smears showing some abnormality requiring hospital observation (not thought to be carc. in situ)	171
Number of smears showing carcinoma in situ (hospital treatment in all cases)	7
Number of frank carcinoma of cervix	2

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CERVICAL CYTOLOGY STATISTICS — 1973

CYTOLOGY CLINICS	FAMILY PLANNING	FACTORIES
4,190	6,052	1,262

GRAND TOTAL: 11,504

Number of appointments made at Cytology Clinics	9,933
Number of appointments kept at Cytology Clinics	4,190

CYTOLOGY CLINICS AND FACTORIES		FAMILY PLANNING
January	315	541
February	323	487
March	413	519
April	378 + 1 factory	467
May	746 + 2 factories	566
June	522 + 1 factory	519
July	385	590
August	383	424
September	371	541
October	1,073 + 3 factories	622
November	423 + 2 factories	495
December	120	281
5,452 including 9 factories		6,052

CLINIC APPOINTMENTS MADE		CLINIC APPOINTMENTS KEPT
January	919	315
February	906	323
March	925	413
April	808	337
May	941	424
June	874	393
July	843	385
August	909	383
September	853	371
October	872	425
November	737	301
December	346	120
9,933		4,190

AGE GROUPS OF PERSONS ATTENDING CYTOLOGY CLINICS

Month	Under 20	20-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	Over 60	Age Un- known	Total
Jan	46	152	137	97	80	56	60	34	19	5	170	856
Feb	48	128	129	92	87	62	46	35	18	6	159	810
March	63	142	123	123	96	88	61	43	20	13	160	932
April	37	170	112	105	78	78	65	43	21	6	130	845
May	70	212	164	161	153	159	112	72	34	14	161	1,312
June	57	200	155	115	98	91	85	62	28	17	133	1,041
July	50	174	142	104	80	87	64	48	21	12	193	975
Aug	41	148	76	89	94	75	71	54	29	11	119	807
Sept	39	157	124	88	95	84	53	53	23	15	181	912
Oct	92	135	191	174	210	212	155	148	46	14	318	1,695
Nov	42	167	128	84	90	71	65	49	23	14	185	918
Dec	25	59	48	32	29	28	23	12	6	2	137	401
Total	610	1,844	1,529	1,264	1,190	1,091	860	653	288	129	2,046	11,504

SOCIAL CLASSES OF PERSONS ATTENDING CYTOLOGY CLINICS

Month	I	II	III	IV	V	Unemployed and Ungraded	Total
Jan	9	55	311	120	70	291	856
Feb	17	58	273	111	65	286	810
March	22	48	352	141	59	310	932
April	17	51	310	143	48	276	845
May	34	57	459	227	81	454	1,312
June	28	51	334	202	55	371	1,041
July	33	36	345	135	61	365	975
Aug	23	46	293	111	56	278	807
Sept	30	43	319	230	166	124	912
Oct	33	68	581	386	101	526	1,695
Nov	22	47	284	132	44	389	918
Dec	7	13	122	42	26	191	401
Total	275	573	3,983	1,980	832	3,861	11,504

## WELFARE FOODS SERVICE

Welfare Foods/Proprietary Foods have been distributed to the public from the various distribution points based in Health Centres, Maternity and Child Welfare Clinics and Church Halls throughout the City, as follows:—

8 Full-time Centres  
21 Part-time Centres  
8 Voluntary Centres

We would express our appreciation to the chemists who have distributed Welfare Foods to the public for many years on a voluntary basis.

The distribution figures for 1973:

National Dried Milk	19,885 packets
Children's Vitamin Drops (A, D and C)	16,216 bottles
Vitamin Tablets (A, D and C)	10,602 tubes

We have continued to work in close liaison with the Old People's Council and Age Concern, and have provided Welfare Food facilities for the "House Bound" through their Good Neighbour Scheme.

During the year one chemist ceased to issue Welfare Foods, and the Carnegie Clinic, Arrad Street, closed and we are awaiting completion of alterations to the new premises at 3 Rodney Street. In the meantime, we are supplying Welfare Foods from temporary premises in the Hannehman Hospital.

## FAMILY PLANNING SERVICES — 1973

During 1973, the number of clinic sessions was increased from 30 to 40 per week, because of the demand for extension of services. The number of attendances in the clinics has also increased from 25,878 to 31,515.

The following statistics for 1973 are compared with those of 1972.

	1972	1973
Number of sessions per week	30	40
Number of clinic sessions during the year	1,165	1,665
Number of attendances	25,878	31,515
Number of new patients	5,949	6,862
Number of cervical smears taken at Family Planning Clinics	3,067	6,052

Of the 6,862 new patients, the following received:—

	1972	1973
Number of New Patients	5,949	6,862
Advice only	836	886
Condoms	705	671
Oral contraceptives	3,018	3,996
Diaphragm	436	341
Intra Uterine Contraceptive Devices	809	762
Other Methods — Spermicides, etc.	145	206

Of the 24,653 return attendances the following received:—

	1972	1973
Number of Return Attendances	19,929	24,653
Advice only	472	400
Condoms	1,310	1,455
Oral Contraceptives	12,685	17,173
Diaphragm	2,026	1,712
Intra-Uterine Devices inserted in Return Patients	248	290
Follow-up of patients with Intra Uterine Devices	2,983	2,885
Other methods — Spermicides, etc.	205	400

## Domiciliary Family Planning Services

The Demand for this service has also increased. There are now four part-time medical officers who give the equivalent of services of one full-time medical officer, with two family planning trained nurses who follow-up clinic defaulters. If medical staff were available there is provision for another full-time medical officer.

	1972	1973
Number of "Doctor" Visits	1,993	2,327
Number of "No Access Visits" by doctors	173	706
Number of New Patients	652	869
Number of Return Visits	1,128	1,463
Number of "Nurse" Visits	—	264
Number of "No Access Visits" by Nurses	—	42

### Of the 869 New Patients visited:—

	1972	1973
Number of New Patients	652	869
Condoms	259	181
Oral Contraceptives	154	358
Advice only	185	283
Intra-Uterine Contraceptive Devices	17	5
Diaphragm	—	6
Other methods — Spermicides, etc.	37	36

### Of the 1,463 Return Visits:—

	1972	1973
Number of Return Visits	1,128	1,463
Condoms	352	342
Oral Contraceptives	552	893
Advice only	102	97
Intra-Uterine Contraceptive Devices follow-up	90	123
Diaphragm	6	7
Other Methods — Spermicides	26	—

## Family Guidance Clinics

This service has also extended and another session has been started at Garston Clinic once a fortnight.

	1972	1973
Number of Attendances	243	252
Number of New Patients	77	102
Number of Return visits	166	150

### Of 102 New Patients:—

	1972	1973
Number of Patients	77	102
Number of Men	19	23
Number of Married Women	55	74
Number of Single Women	3	5

### **Training of Nursing Staff in Methods of Family Planning**

Another two-day lecture course was arranged in June 1973, at which fifty nursing staff attended. By the end of 1973, 40 completed their practical training and obtained certificates. One result of arranging the courses, one in 1972 and one in 1973, is that all staff who wished to have training in methods of family planning have now been trained. This leaves only the new recruits to be trained. The plan for the future is to run training courses in family planning and invite nurses from other areas and perhaps to charge a fee for training.

### **Appreciation Courses in Family Planning**

Day study courses in family planning for the nursing staff of the United Liverpool Hospitals and the staff of the Social Services Department of the City of Liverpool, were arranged at their request. These were so appreciated, that more requests have been received for these courses, one of which was from the British Pregnancy Advisory Service.

## **CHIROPODY SERVICE**

The statistical evidence below shows that with fewer chiropodists available less sessions were worked, but more treatments given to more patients than in the previous year. At 31st December 1973, the staff employed was one Chief Chiropodist responsible for administration; three full-time Senior Chiropodists and nineteen sessional Chiropodists. Whilst still attempting to clarify the position regarding chairside attendants, the Liverpool Chiropody Service sponsored three first year students, two at the Northern College of Chiropody and one at the Chelsea School of Chiropody, and it is hoped that this number will be increased annually. Because of the continuing national scarcity of chiropodists it would appear that sponsoring students is the only way open to Liverpool to maintain and eventually to increase the Chiropody Service.

It is hoped that in the near future Liverpool will be able to follow the lead of other local authorities and provide either a full school chiropody service or examination clinics in schools for children. The possibility of opening and maintaining an appliance centre is still being investigated, particularly as chiropodists are becoming more proficient in techniques and new materials and machines are constantly being involved. Though local analgesics are still very rarely used and at present only the Chief Chiropodist is qualified to administer it, it is now available as and when required and only under rigid control.

During 1973, assessment clinics have been arranged with the co-operation of general practitioners and although this process is continuing, it is evidence that over 80% of the aged population require some chiropody treatment. It is hoped that full statistical evidence will eventually be published and that this will show that the Chiropody Service must continue to expand and more Foot Health Education be given to the public.

By more careful screening it was found that many patients previously accepted as “housebound” were, in fact, able to travel to the clinics either by themselves or by the City Ambulance Service. With more time given over to domiciliary patients and a 10% drop in the number of patients, a more frequent service was given to those people who were really in need of the service.

	1972	1973
Total number of sessions	3,892	3,823
Total number of sessions in clinics	3,679	3,573
Total number of sessions in hostels	213	250
Total number of patients	13,057	13,238
Total number of patients at clinics	10,584	10,881
Total number of patients in hostels	1,168	1,010
Total number of domiciliary patients	1,305	1,174
Total number of treatments given	31,492	31,774
Total number of treatments given at clinics	26,512	25,374
Total number of treatments given at home	1,793	2,525
Total number of treatments given at hostels	3,187	3,875

## DISTRICT NURSING SERVICE

The District Nursing Service continued to meet an increasing demand to care for the acute and chronically sick in their own homes. During 1973, the number was 16,702 patients, the highest figure yet to be nursed in any one year. The number of patients aged 65 years and over continued to show an upward trend, 8,770 being nursed this year compared to 8,429 in 1972, with a corresponding increase in the visits made to this age group of 12,526.

### Night Service

The value of this service, which provides skilled nursing care throughout the night for terminally ill and chronically sick patients together with support to the attendant relative, cannot be over emphasised. This year 213 patients benefited from the service, 116 patients having received all night attendance and the remaining 97 patients receiving some degree of nursing care between the hours of 10 p.m. and 7 a.m. The team consists of three night sisters (1 full-time and 2 part-time) together with nine full-time nursing auxiliaries and provision was made during the latter part of the year to increase this number by 1 part-time sister and 4 full-time nursing auxiliaries in order to attempt to meet an ever increasing need.

### Renal Dialysis

The two District Nursing Sisters who have now developed an expertise in this specialised care have continued to give, whenever required, support and reassurance to patients receiving this form of treatment in their own homes.

### Liaison Officers

The District Nurse Liaison Officers continue to play a most effective part in the efficient continuity of patient care between hospital and community and at the end of the year a District Nursing Sister was appointed to be attached to the East Liverpool Hospital Group—this will bring the total number of liaison officers to four.

### Myelomeningocele Service

A total of 148 children have received 5,414 visits during the year from the three sisters who form the team and by drawing on their expertise provide nursing care for the spina-bifida child and give advice and encouragement to the parent.

### Staff

Whilst the specialist services continue to expand, the role and functions of the community nurse also continues to develop and the scope of her work is widening.

Recruitment remained fairly steady for the most part of the year. Staff at the 31st December, was as follows:—

- 1 Tutor
- 11 Nursing Officers
- 61 Trained District Nurses (24 of whom were G.P. attached)
- 14 State Registered Nurses
- 40 State Enrolled Nurses (2 of whom were G.P. attached)
- 5 Trained District Nurses part-time
- 2 State Registered Nurses part-time
- 14 Nursing Auxiliaries full-time
- 16 Nursing Auxiliaries part-time

### Comparable tables of work undertaken by the District Nursing Service

	1972	1973
Patients	16,108	16,702
Visits	418,087	427,267
Patients aged 65 years and over at time of first visit	8,429	8,770
Visits to patients aged 65 years and over	227,829	240,355
Late night visits	7,319	5,528
Injections as a percentage of total visits	23.6	25.1

### Night Service

Number of patients nursed	213
Number of visits made	3,501

### **Training for the National Examination in District Nursing**

This year, 21 nurses took training which leads to the national examination in District Nursing. Of these, 17 were staff students, the remaining 4 were trained for Bootle C.B.C.

In addition to this, 13 students from other authorities attended Liverpool for the theoretical part of the Course. This part of the syllabus has now been extended to four weeks.

### **Visits to the Service**

This year programmes were arranged for 330 student nurses to make observation visits with the District Nursing Sisters and 14 follow-on talks were given in the hospitals by District Nursing Officers.

In addition, arrangements were made for 38 ward sisters and nursing officers to spend a day with the Service in order to observe at first hand the role of their community nursing colleagues.

Again requests were received from the Department of Health and Social Security and the Royal College of Nursing for programmes to be arranged for senior nursing personnel from overseas, including a World Health Organisation Fellow from Iceland and visitors from Denmark, Nigeria and Ghana. The programmes varied according to individual need and included visits to primary care teams, and organisation and management of the new local authority nursing structures.

# Immunisation and Vaccination

## DIPHTHERIA IMMUNISATION

The number of persons receiving a primary course of diphtheria immunisation in 1973 was 7,855 compared with 8,140 in 1972.

During 1973, 1,359 primary courses, an increase of 256 on 1972 figure, and 3,988 booster doses, 800 less than in 1972, were given in schools. The number of primary courses cancelled out at Family Health Clinics was 4,404, a decrease on the 1972 figure of 529; in addition 2,092 were given by the general practitioners, a reduction in the 1972 total of 12. The number of booster doses given at the Family Health Clinics was 693, a decrease on the previous year's total of 165 when the number given by the general practitioners was 743, a reduction of 308. These figures, together with 3,988 booster doses, given in school, give an overall total of 5,424 booster doses, a decrease of 1,273 on the 1972 figure.

Table A

PRIMARY DIPHTHERIA IMMUNISATIONS – 1963-1973

Where immunised	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973
Family Health Clinics	5,263	5,710	6,023	5,843	4,799	2,155	4,098	3,836	4,481	4,933	4,404
Schools	1,362	2,732	1,401	1,818	1,698	1,678	1,253	1,429	1,316	1,103	1,359
General Practitioners	3,399	3,397	3,405	3,189	3,458	3,346	2,623	2,586	2,618	2,104	2,092
Total	10,024	11,839	10,829	10,850	9,955	7,179	7,974	7,851	8,415	8,140	7,855

Table B

## DIPHTHERIA IMMUNISATION – 1973

		Year of Birth				
		1969-73 (0-4 years)	1965-68 (5-8 years)	1958-64 (9-15 years)	Total (0-15 years)	1957 and before (16 and over)
Where Immunised						Total all ages
Primary Course	Family Health Clinics	4,293	107	3	4,403	1
	General Practitioners	1,944	60	9	2,013	79
	Schools	109	1,218	32	1,359	—
	Total	6,346	1,385	44	7,775	80
Booster Doses	Family Health Clinics	266	422	2	690	3
	General Practitioners	229	413	45	687	56
	Schools	433	3,501	54	3,988	—
	Total	928	4,336	101	5,365	59

## WHOOPING COUGH IMMUNISATION

The number of primary courses of whooping cough immunisation in 1973 was 6,269 compared with 6,807 in 1972. The number of primary courses given at Family Health Clinics was 4,258, a decrease of 503 on last year's total, whilst the number given by general practitioners was 2,011 a decrease of 35. Booster doses numbered 737, 200 lower than the figure 937 achieved in 1972.

Table C

## WHOOPING COUGH IMMUNISATION – 1973

		Year of Birth			
		1969-73 (0-4 years)	1965-68 (5-8 years)	1958-64 (9-15 years)	Total (0-15 years)
Where Immunised					
Primary Course	Family Health Clinics	4,216	42	—	4,258
	General Practitioners	1,944	59	8	2,011
	Total	6,160	101	8	6,269
Booster Doses	Family Health Clinics	36	44	—	80
	General Practitioners	226	391	40	657
	Total	262	435	40	737

# TETANUS IMMUNISATION

The level of tetanus immunisation dropped slightly during 1973. A total of 8,017 primary courses were completed as compared with 8,344 in the previous year. In addition 5,641 booster does were carried out compared with 6,881 the previous year, of these 3,988 were administered to schools.

Table D  
TETANUS IMMUNISATION – 1973

Where Immunised		Year of Birth				
		1969-73 (0-4 years)	1965-68 (5-8 years)	1958-64 (9-15 years)	Total (0-15 years)	1957 and before (16 years and over) Total all ages
Primary Course	Family Health Clinics	4,295	107	3	4,405	1 4,406
	General Practitioners	1,947	76	31	2,054	194 2,248
	Schools	110	1,220	33	1,363	— 1,363
	Total	6,352	1,403	67	7,822	195 8,017
Booster Doses	Family Health Clinics	266	427	5	698	3 701
	General Practitioners	239	461	101	801	151 952
	Schools	433	3,501	54	3,988	— 3,988
	Total	938	4,389	160	5,487	154 5,641

Table E  
PRIMARY COURSES OF ANTIGEN

	1973	1972
Diphtheria/Tetanus and Whooping Cough	6,272	6,813
Diphtheria and Tetanus	1,581	1,319
Diphtheria	2	9
Tetanus	164	212

# SMALLPOX VACCINATION

A total of 17,495 smallpox vaccinations were carried out in 1973, of these 71 primary vaccinations were carried out in Family Health Clinics and 14,588 at the clinic for the purposes of people travelling abroad.

Table F

SMALLPOX VACCINATION – 1973

Age at date of Vaccination	Primary Vaccination			Re-vaccination			Total	Vaccination at Clinic for International Travel	Total
	Family Health Clinics	General Practitioners	Total	Family Health Clinics	General Practitioners	Total			
0–3 months	4	–	4	–	–	–	4		
4–6 months	4	2	6	–	–	–	6		
7–9 months	–	4	4	–	–	–	4		
10–12 months	3	–	3	–	–	–	3		
1 year	4	21	25	–	–	–	25		
2–4 years	42	53	95	6	16	22	117		
5–15 years	11	132	143	15	193	208	351		
Total under 16	68	212	280	21	209	230	510		
Other	3	388	391	199	(A) 1,807	2,006	2,397		
Total	71	600	671	220	(A) 2,016	2,236	2,907	(B) 14,588	17,495

(A) The re-vaccination figures from general practitioners include vaccinations for persons travelling abroad.

(B) The vaccination figures from the Vaccination Clinic for international travel include persons of all ages, some of whom are not resident in Liverpool.  
The majority are adults.

**POLIOMYELITIS IMMUNISATION**

The number of primary courses of poliomyelitis undertaken in 1973 was 8,215 compared with 8,339 in 1972. Booster doses numbered 6,823, 436 less than the figure achieved in 1972.

**Table G**

**POLIOMYELITIS IMMUNISATION – 1973**

**Completed Primary Courses**

Where Immunised	Year of Birth						Others under 16	Total under 16	16 and over	Total all ages
	1973	1972	1971	1970	1969	1965-68				
Family Health Clinics	70	3,270	804	271	216	120	4	4,755	2	4,757
General Practitioners	175	1,231	319	85	45	73	11	1,939	164	2,103
Schools	—	—	—	3	110	1,206	35	1,354	1	1,355
Total	245	4,501	1,123	359	371	1,399	50	8,048	167	8,215

**Reinforcing Doses**

Family Health Clinics	—	3	30	6	237	433	2	711	27	738
General Practitioners	—	15	29	24	174	393	44	679	36	715
Schools	—	—	—	—	431	3,450	53	3,934	—	3,934
Total	—	18	59	30	842	4,276	99	5,324	63	5,387

**MEASLES IMMUNISATION**

During 1973, the number of measles vaccinations performed was 2,249 compared with 3,393 in 1972.

**Table H**

**MEASLES IMMUNISATION – 1973**

Where Immunised	Year of Birth						Others under 16	Total
	1973	1972	1971	1970	1969	1965-68		
Family Health Clinics	–	749	438	119	54	28	–	1,388
General Practitioners	5	314	260	83	43	47	6	758
Schools	–	–	–	2	25	76	–	103
Total	5	1,063	698	204	122	151	6	2,249

**RUBELLA IMMUNISATION**

The purpose of this vaccination is to protect girls against rubella before they reach child bearing age without attempting to reduce the incidence of natural rubella infection in younger children.

A total of 3,328 girls between their 11th and 14th birthday received rubella immunisation in 1973, compared with 5,602 in 1972.

**Table J**

**RUBELLA IMMUNISATION – 1973**

Where Immunised	Year of Birth					1957 and earlier	Total
	1962	1961	1960	1959	1958		
General Practitioners	38	31	8	3	–	19	99
Schools	42	1,736	1,018	205	164	64	3,229
Total	80	1,767	1,026	208	164	83	3,328

**INOCULATIONS FOR INTERNATIONAL TRAVEL**

A total of 28,700 doses of vaccine for international travel was given at the clinic held for this purpose. This compares with 16,392 in 1972. The increase in numbers was due to the outbreak of Smallpox in London in April 1973, and outbreak of Cholera in Rome in September 1973.

**Table K**

**INOCULATIONS AND VACCINATIONS FOR INTERNATIONAL TRAVEL – 1973**

Month	Yellow Fever Number of Persons	Smallpox Number of persons vaccinated	Cholera Number of doses	T.A.B. Number of doses	Total
January	275	458	565	144	1,442
February	194	318	446	86	1,044
March	227	373	513	108	1,221
April	208	6,120	424	117	6,869
May	397	3,517	519	153	4,586
June	451	985	618	223	2,277
July	316	811	794	262	2,183
August	253	577	924	200	1,954
September	283	468	2,158	209	3,118
October	302	292	879	159	1,733
November	234	364	667	112	1,377
December	176	204	441	75	896
Total	3,316	14,588	8,948	1,848	28,700

**ANTHRAX IMMUNISATION**

Anthrax immunisation is offered by the Health Department to persons at special risk of contracting the disease. These include people working in such establishments as tanneries, glue, gelatine, and bonemeal factories and woollen mills, who are regularly handling such materials as wool, camel hair, hides and bonemeal, particularly those imported from India, Pakistan, the Middle East, China, Africa, Asia, Central and South America.

**Table L**

**ANTHRAX IMMUNISATION**

Year	1st Injection	Booster
1968	27	22
1969	27	49
1970	22	68
1971	191	80
1972	8	34
1973	2	4

(The numbers have reduced since the closure of the Government Wool Disinfecting Station in Liverpool).

DOMICILIARY IMMUNISATIONS

September 1972 – September 1973

	1st	2nd	3rd	Booster
Triple	209	191	139	—
Polio	200	185	137	—
Measles	—	—	—	—
Smallpox	—	—	—	—

530 Children Immunised

627 Other Visits

87 Removed  
10 In Nursery  
47 Completing at Clinic  
20 Immunised by own G.P.  
3 In Hospital  
35 Objectors  
388 No Access

21 At School  
8 Not known at Address  
1 Mother in Hospital  
1 Bad reaction to test dose  
3 Deferred  
1 Child had cold  
2 Emigrated

# Tuberculosis

## Statistics

The number of new cases found during the year increased to 169, consisting of 153 pulmonary and 16 non pulmonary cases. These figures represent an increase of 15 compared with those for 1972 and give an incidence rate of 0.27 per 1,000 for cases of pulmonary tuberculosis and 0.03 per thousand for cases of non-pulmonary tuberculosis. The figures for 1972 were 0.24 and 0.02 respectively. Of the new cases of pulmonary tuberculosis, it was found that approximately 42% had positive sputum on diagnosis.

Whilst the increase in the number of new cases gives cause for disquiet, it must be remembered that it follows upon a year in which there was a marked reduction in the number of new cases found. However, despite modern advances in preventive and therapeutic medicine we have been unable to reduce the incidence of tuberculosis in the City below an average of 185 cases per annum over the past 5 years. It is clear therefore than any relaxation of anti-tuberculosis measures in the preventive field, based perhaps on the impression that tuberculosis is now a rare disease, would be most unwise.

During the year, 213 patients were removed from the Register; 184 of whom had suffered from pulmonary and 29 from non-pulmonary disease. These included those who had recovered during the year. The number of cases on the Register at the beginning of the year was 1,821, comprising 1,659 with pulmonary disease and 162 with non-pulmonary disease and excluding a total of 46 cases where diagnosis had not been completed. This gave a prevalence rate per 1,000 population of 2.89 pulmonary and 0.28 non-pulmonary with an overall tuberculosis prevalence rate of 3.17 per 1,000 at mid-year.

The number of cases remaining at the end of the year was 1,676, comprising 1,537 pulmonary disease and 139 non-pulmonary disease. New cases found as the result of illness were 143, which is 8 more than in 1972. The number of new cases found by examination of apparently healthy persons was 26 which represents an increase of 7 compared with the figure for 1972.

Of the new cases of pulmonary tuberculosis, 102 were male and 51 were female, 67% of the total being male and 33% female. Details of age and sex distribution are given in the statistical section.

The total of 23 deaths from tuberculosis in 1973 comprised 18 from pulmonary tuberculosis and 5 from non-pulmonary tuberculosis. These figures represent death rates of 0.031 per 1,000 for pulmonary tuberculosis and 0.009 per 1,000 for non-pulmonary tuberculosis, making an overall rate of 0.04 per 1,000 for all forms.

## After-Care and Prevention

The number of tuberculosis visitors at the end of the year was nine. The policy of concentrating visits on cases with the greatest need and on regularly visiting cases where social and housing conditions were

affecting the disease was continued throughout the year. In addition, many special visits were made and reports submitted on persons who have applied for re-housing on medical grounds. These include a considerable number from persons suffering from respiratory diseases other than pulmonary tuberculosis. Finally, increasing attention is being paid to other lung conditions such as bronchitis, bronchiectasis emphysema, carcinoma of the lung and post-operative conditions.

**Use of Section 169 of the Public Health Act 1936**

The value of Section 169 has been in the main not in its implementation but in its existence, lending persuasion in cases who might otherwise refuse hospital treatment.

Although legal action through the Court was not resorted to during the year, the usefulness of this Section as a deterrent was demonstrated in several cases where it was sufficient to acquaint the patients concerned of the existence of these legal powers to ensure their full co-operation.

**B.C.G. Vaccination**

During the year B.C.G. vaccination of babies born to families where there is a history of tuberculosis continued in the maternity wards of the Sefton General, Fazakerley, Mill Road, Broadgreen and Liverpool Maternity Hospitals.

**Re-Housing on Medical Grounds**

The following table gives details of cases of tuberculosis rehoused on medical grounds during 1973:—

	Special Priority Allocation	Transfers	Totals
Number of applications received	61	104*	165
Number recommended	45	53†	98
Number rehoused	22	18	40
Number still not rehoused	23	35	58

\*Includes 10 slum clearance houses.

†Includes 9 cases recommended under Slum Clearance.

# Venereal Disease

## INCIDENCE OF SYPHILIS

During 1973, the incidence of syphilis was 31 compared with 30 in 1972. Statistics over recent years for comparison are as follows:—

Age in Years	1965		1966		1967		1968		1969		1970		1971		1972		1973	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15–17	2	—	1	—	4	4	1	1	—	2	—	1	3	—	—	1	—	—
18–20	12	3	9	5	12	12	8	5	8	6	2	2	9	1	5	—	1	—
21–25	42	14	20	6	18	14	16	7	16	2	5	3	8	2	10	2	8	4
26–30	23	2	15	3	20	3	14	8	8	1	5	2	6	3	3	1	7	3
31–35	14	1	10	4	12	6	5	1	8	4	4	—	6	2	4	1	3	1
36–40	7	—	7	3	11	4	4	1	3	—	—	—	1	2	1	—	—	—
41–45	5	1	5	3	16	4	5	2	1	—	2	—	1	1	—	1	2	—
46 and over	8	—	7	—	15	4	5	—	3	2	4	1	1	—	1	—	2	—
Total	113	21	74	24	108	51	58	25	47	17	22	9	35	11	24	6	23	8
Total M & F	134		98		159		83		64		31		46		30		31	

## INCIDENCE OF GONORRHOEA

There was a slight increase in the incidence of gonorrhoea on the 1972 level affecting both men and women. A total of 1,842 cases occurred compared with 1,787 in 1972. This year there were 5 males and 2 females in the under 15 age group compared with last years figures of no males and 10 females.

Statistics over recent years are as follows:—

Age in Years	1965		1966		1967		1968		1969		1970		1971		1972		1973	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 15	—	—	—	1	1	1	1	2	2	1	1	2	—	—	—	10	5	2
15–17	23	21	26	45	27	56	24	55	28	60	36	64	53	51	17	103	39	81
18–20	143	94	164	126	176	120	198	140	192	131	242	150	149	131	162	215	188	203
21–25	418	149	400	157	392	148	428	168	435	198	480	192	411	199	380	147	384	186
26–30	281	59	334	74	383	109	324	82	391	112	363	113	437	86	277	109	275	105
31–35	130	19	157	28	123	24	181	41	172	38	244	46	141	58	142	43	142	55
36–40	70	10	90	21	89	22	105	20	93	15	97	20	96	28	95	20	88	14
41–45	51	7	48	8	64	3	50	8	58	5	56	10	76	20	30	4	30	7
46 and over	35	6	59	3	48	5	43	4	48	7	61	5	44	8	28	5	33	5
Totals	1,151	365	1,278	463	1,303	488	1,354	520	1,419	567	1,589	602	1,407	585	1,103	651	1,184	658

### CONTACT TRACING

The following table indicates results obtained:—

	Male	Female	Total
No. of reports alleged source of infection	24	148	172
No. of individual persons	24	138	162
No. of cases traced and interviewed	12	88	100
No. of cases traced but interview not effected	—	—	—
No. of cases reporting following interview	12	87	99
No. of reports passed on to other authority	12	18	30
No. of cases untraced (due to lack of information)	—	32	32
No. of visits made, Home, Lodging, club, etc.	30	160	190

### RESULTS OF HOME VISITS

	Male	Female	Total
No. of cases visited	288	502	790
No. of visits made	316	1,293	1,609
No. of cases attending following visits	127	337	464
No. of cases promising to attend but failing to do so	30	45	75
No. of cases removed or not known at address given	54	57	111
No. of cases not contacted, no access, away from home etc.	76	56	132
No. of cases who refuse to attend	—	6	6
No. of cases removed and transferred for follow-up	1	1	2

### RESPONSE TO LETTERS

	Male	Female	Total
No. of cases written to	804	1,458	2,262
No. of letters despatched	855	2,528	3,383
No. of cases reporting in response	297	565	862
No. of letters returned to Dead Letter Office	40	52	92
No. of cases traced and transferred	—	15	15

### CASES REFERRED BY MATERNITY UNIT

Thirty-five cases were referred for further investigation and for treatment, compared with 22 in 1972. Findings were as follows:—

Early Syphilis	—
Early latent Syphilis	—
Latent Syphilis	—
Congenital Syphilis	—
Gonorrhoea	15
Non-venereal	20
Total	35

### INFANTILE INCIDENCE

There were 8 cases of ophthalmia neonatorum. In no instance had the mother come to the notice of a Special Clinic during pregnancy.

# Ambulance Service

## **Case Load of Patients**

The number of patients conveyed throughout the year amounted to 227,444 a decrease on the previous year of 14.9%. One explanation for the decrease of 39,840 patients can regrettably be attributed to the fact of the industrial dispute within the ambulance service during the months of November and December.

Ambulance Service vehicles travelled a total of 864,787 miles using 59,233 gallons of petrol.

## **Cadet Training in Liverpool**

Previous reports have emphasised the importance of cadet training, and once again it is encouraging to report that in the year 1973, cadets and ambulancemen who have passed through the cadet school won the trophies of the Institute of Certified Ambulance Personnel examination and the Ambulance Competition of the National Association of Ambulance Officers.

## **Department of Health and Social Security Training Courses**

During 1973, one member of the service attended an instructors course and was successful in obtaining an instructors certificate. Three members of the service attended a middle management course and four attended a supervisors course. All successfully completed the courses with good results.

FUEL CONSUMPTION

Stretcher Case Ambulances	14.69 miles per gallon
Sitting Case Ambulances	14.32 miles per gallon
Cars	18.18 miles per gallon

COMPARATIVE STATISTICS FOR 1972-73

	1972	1973
Petrol Ambulances	15.11 m.p.g.	14.69 m.p.g.
Sitting Case Ambulances	14.69 m.p.g.	14.32 m.p.g.
Sitting Case Cars	18.04 m.p.g.	18.18 m.p.g.
Vehicle Mileage	946,606 miles	864,787 miles
Fuel – Petrol	63,154 galls	59,233 galls
Oil	1,158 galls	1,015 galls

AVERAGE MILEAGE

Type of Vehicle	Average Annual Mileage		Percentage Increase/ Decrease on 1972
	1972	1973	
Stretcher Ambulances	14,215	13,278	– 6.59%
Sitting Case Ambulances	13,517	9,207	– 31.88%
Sitting Case Cars	2,526	2,789	+ 10.41%



## ACCIDENT AND EMERGENCY CASES – 1973

	Number of Calls	Number of Cases	Abortives	False Calls
January	2,246	2,118	168	46
February	1,947	1,870	154	21
March	2,729	2,540	218	31
April	2,540	2,397	184	30
May	2,341	2,330	174	28
June	2,349	2,196	200	34
July	2,381	227	204	36
August	2,300	2,128	204	33
September	2,298	2,191	205	33
October	2,246	2,082	198	24
November	1,980	1,847	201	31
December	2,345	2,205	211	30
Total	27,702	26,131	2,321	377

## INFECTIOUS CASES – 1973

	Admission/ Discharges	Transfers	Total	S/C	A/C
January	57	14	71	32	39
February	35	11	46	22	24
March	46	14	60	33	27
April	39	11	50	28	22
May	66	8	74	41	33
June	34	8	42	24	18
July	56	17	73	42	31
August	51	23	74	39	35
September	62	23	85	42	43
October	64	26	90	31	59
November	53	14	67	30	37
December	54	12	66	28	38
	617	181	798	392	406

ACCIDENT AND EMERGENCY CASES – 1973

	Sitting Cases			Ambulance Cases			Total
	O/P	Ad/Dis	Trans	O/P	Ad/Dis	Trans	
January	11,973	850	291	3,881	2,101	314	19,410
February	10,156	681	226	3,359	1,562	260	16,244
March	12,120	725	169	4,109	1,503	205	18,831
April	10,766	720	208	3,927	1,559	278	17,458
May	12,449	846	305	4,356	1,720	288	19,964
June	11,870	838	243	4,514	1,592	257	19,314
July	12,483	882	289	4,373	1,616	223	19,866
August	11,837	798	281	4,085	1,533	266	18,800
September	11,598	630	246	3,922	1,514	260	18,170
October	13,638	762	589	4,458	1,676	359	21,482
November	5,267	355	147	1,953	1,398	197	9,317
December	23	25	61	25	1,272	136	1,542
	124,180	8,112	3,055	42,962	19,046	3,043	200,398

AGE OF VEHICLES (IN YEARS) – 1973

0–1	1–2	2–3	3–4	4–5	5–6	6–7	7–8	8–9
6	7	–	7	9	16	8	14	12

**PATIENT REMOVALS - 1973**

Number of Persons Carried	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
<b>Non-Infectious</b>													
Out-patients	15,854	13,515	16,229	14,693	16,805	16,384	16,856	15,922	15,520	18,096	7,220	48	167,142
Hospital Admission/Discharges	2,951	2,243	2,228	2,279	2,566	2,430	2,498	2,331	2,144	2,438	1,753	1,297	27,158
Inter-Hospital Transfers	605	486	374	486	593	500	512	547	506	631	344	197	5,781
<b>Infectious</b>													
Hospital Admissions/Discharges	57	35	46	39	66	34	56	51	62	64	53	54	617
Inter-Hospital Transfers	14	11	14	11	8	8	17	23	23	26	14	12	181
<b>Accident / Emergency</b>													
Accident / Emergency	2,118	1,870	2,540	2,397	2,330	2,196	2,227	2,128	2,191	2,082	1,847	2,205	26,131
<b>Other Persons</b>													
Other Persons	34	34	20	36	51	77	46	27	37	34	28	9	433
<b>Total 1973</b>	21,633	18,194	21,451	19,941	22,419	21,629	22,212	21,029	20,483	23,371	11,259	3,822	227,443
<b>Total 1972</b>	20,569	21,845	23,006	20,735	23,325	23,356	21,834	22,099	22,461	23,506	23,357	21,168	267,291

## STAFF

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Chief Ambulance Officer	1	Training Officer	1
Deputy Chief Ambulance Officer	1	Assistant Training Officer	1
Clerks	2	Driving Instructor	1
Typists	1	Ambulance Cadets	16
Senior Controller	1	Forman Mechanic	1
Control Officers	4	Chargehand Mechanic	1
Control Assistants	3	Mechanics	4
Hospital Transport Officers	8	Semi-skilled Mechanic	1
Station Officers	3	Storekeeper	1
Sub-Officers	4	Labourers	6
Leading Ambulancemen	8	Cleaners	5
Ambulancemen	108		

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# Occupational Therapy

**Prepared by Dr. H. P. Jones, F.R.C.S., D.Phys.Med.**

The work-load of the Occupational Therapy Section has continued to increase during 1973, particularly in the sphere of domiciliary therapy, and to a lesser extent, in the Units.

There has been a slight improvement in the recruitment of new staff; the number of therapists in post at the end of the year was as follows:—

Head O.T. 1

Deputy Head O.T. 1—also acting as domiciliary O.T.

Senior O.T.'s—domiciliary 4 full-time

Senior O.T.'s—Units 4 full-time

Basic Grade O.T.'s—Units 7 full-time

Two Senior Therapists (one domiciliary and one from a Unit) were lost during the year and one Basic Grade Therapist from a Unit. However, five Basic Grade Therapists were recruited during the year.

As was to be expected, the vexed question of the pay offered to Occupational Therapists, and the absence of a clear career structure, particularly when compared with other professional staff employed by the Corporation, and with the pay scales offered to Occupational Therapists employed by other Local Authorities, has had an adverse effect on the successful recruitment of new staff, and has been a major factor in a tendency, during the early months of 1974, for several of the Senior Therapists seeking alternative employment elsewhere. It is obvious that if services to the patients are to be maintained at a satisfactory level in the future, this matter will need urgent attention.

In spite of this, we would commend and thank all members of staff for their devotion to duty, in continuing to provide a service to the community, which is, after all, our main objective.

The uneven geographical distribution of the Occupational Therapy Units in the City, whereby the southern areas of the City have no Unit, has meant that patients living in those areas have had to make unduly long journeys to attend for treatment, and this, in itself, has tended to offset any benefit derived from attendance at the Units, particularly during inclement weather. The new Unit at Speke, due to be opened early in 1974, will go a long way towards the rectification of this anomaly in the southern part of the City.

An attempt has been made during the year to encourage a more realistic attitude in patients towards the role of Occupational Therapy in the overall management of physical illness and disability, by the holding of regular Case Conferences at the Units, attended by the medical officer and therapists from both the headquarters' and domiciliary staff, as well as the Unit therapists. The progress of each patient is reviewed at these meetings, and the management of the patient amended as necessary. It is the intention to have the social worker involved, in attendance at these

meetings, where a better knowledge of the patient's home background will be of assistance in arriving at decisions that will be relevant to the case of the patient as a whole, and not to his illness in isolation. When it is felt that definitive treatment has ceased to give benefit to the patient, arrangements are made for the patient to be transferred to a Craft Centre, or an Elderly Persons' Day Care Centre, as seems the more appropriate to the patient's needs. Alternatively, the patient is discharged home, with supporting services arranged as necessary. In any case, they are brought back for review after about three months to ensure that no fresh problems, for which help can be given, have arisen. In the past, it has been difficult to convince patients that there is much more to occupational therapy than diversional or social activities, however important they may be in some cases, and to get them to accept of Progressive Patient Care, as used in the hospital field, as a relevant concept.

It is a pleasure to be able to record some improvement in relation to Handicapped Persons' Transport, used to carry patients to and from the Units, and this has enabled better use to be made of the facilities available. Unfortunately, the ever-present shortage of drivers for these vehicles, and the other calls for their services, particularly in relation to Special Schools, have reduced their availability for transporting patients to the Units to arrive early enough for treatment to continue for a reasonable length of time per day, and be effective. Steps are taken to enhance the independence of patients by encouraging those considered fit enough to do so, to travel to and from the Units by public transport, with the ultimate aim of getting them into a position where they could be independent in travelling to and from work; where this is considered a realistic objective in their case.

Assistance has also been given to those patients considered, on medical grounds, to be in need of rehousing, in attaining that objective.

As in previous years, members of staff have given invaluable assistance with the care and entertainment of patients on those holidays arranged for Disabled Persons at Caernarvon and Barmouth during the summer months. These therapists are on the staff of the Units or the Domiciliary Service.

In the Units, mention must be made of those activities which, though not coming within the narrower definition of occupational therapy as such, but from which the patients derive much benefit. These include swimming, gardening and horse-riding, as well as the choir, which meets every week under the enthusiastic direction of the head occupational therapist and other volunteer helpers. These extra-mural activities give a very welcome boost to the morale of the patients at a time when it is liable to sag, due to prolonged illness.

The head occupational therapist and the medical officer have continued to attend the Paraplegic Unit at Southport, according to need, with a view to the planning for the eventual care within the community of those patients domiciled in Liverpool, after their discharge from hospital; they

also attend regular meetings held at the Liverpool Royal Infirmary, concerned with the longer-term care of ex-amputees from that hospital, who were under the care of Mr. C. R. Helsby.

Arrangments are well in hand for the provision of educational facilities for those handicapped school-leavers whose educational progress may have been hampered by prolonged absence from school, consequent upon their disability, and who wish to avail themselves of this, their second chance. A member of the teaching staff of the Education Department has been seconded to work at the Longmoor Lane Unit, and will commence early in 1974.

MENTAL HEALTH STATISTICS – 1973

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TOTAL NUMBER OF SECTION 29 CASES	108
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TOTAL NUMBER OF SECTION 25 CASES	166
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PERCENTAGE OF SECTION 25	25.3%
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PERCENTAGE OF SECTION 29	16.46%
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TOTAL NUMBER OF NEW MENTAL HEALTH ADMISSIONS FOR 1973

	January		February		March		April		May		June		July		August		September		October		November		December		Total
	M	F Tot.	M	F Tot.	M	F Tot.	M	F Tot.	M	F Tot.	M	F Tot.	M	F Tot.	M	F Tot.	M	F Tot.	M	F Tot.	M	F Tot.	M	F Tot.	
Informal	13	18 31	15	23 38	14	12 26	11	17 28	15	9 24	15	18 33	7	19 26	12	14 26	12	15 27	13	25 38	9	15 24	20	14 34	355
Section 25	10	15 25	5	3 8	7	4 11	4	8 12	5	9 14	4	3 7	6	4 10	9	12 21	2	5 7	8	14 22	8	5 13	12	4 16	166
Section 26	-	- -	-	- -	1	- 1	-	- -	-	- -	-	- -	1	- 1	1	5 6	-	- -	1	1 2	-	- -	1	3 4	14
Section 29	5	6 11	5	5 10	7	3 10	5	2 7	6	4 10	1	7 8	4	6 10	4	5 9	2	4 6	2	2 4	7	6 13	9	1 10	108
Section 60	-	1 1	-	- -	-	- -	-	- -	-	- -	1	1 2	1	- 1	-	- -	1	1 2	2	1 3	1	2 3	-	- -	12
Section 65	-	- -	-	- -	-	- -	-	- -	-	- -	-	- -	-	- -	-	- -	-	- -	1	- 1	-	- -	-	- -	1
Totals	28	40 68	25	31 56	29	19 48	20	27 47	26	22 48	21	29 50	19	29 48	26	36 62	17	25 42	27	43 70	25	28 53	42	22 64	656

## NUMBER OF SECTION 29 + 25 ADMISSIONS - 1973

[illegible]



PART D – ENVIRONMENTAL HEALTH AND PROTECTION  
DEPARTMENT

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# Environmental Health

The year 1973 will be remembered as the last year prior to local government reorganisation which takes place on the 1st April 1974. It has meant that time has had to be made available to arrange for the transfer of certain functions to the Merseyside County Council, including duties under the Diseases of Animals Acts and Food and Drugs Act. The actual transfer of these functions took place without any loss of service to the public.

The work of slum clearance continued and the representation of unfit dwellings included in the stage one programme was completed. Ten Public Inquiries were held and 17 Compulsory Purchase Orders were confirmed. Further details are included later in the Report.

The increasing importation of food in "containers" has resulted in additional time having to be provided for inspection of food which arrived in Liverpool without having been previously inspected at the port of entry. A total of 2,611 containers were received during the year.

## **Details of Visits**

Inspectors visit houses to make enquiries following notifications of certain infectious diseases. The number of visits amounted to 706 and the number of enquiries regarding contacts was 79.

Investigations have continued in connection with ingestion disease enquiries and inspectors obtained information about contacts and modes of infection. The number of specimens submitted for bacteriological examination amounted to 2,266 from 1,535 persons, of which 394 from 205 persons proved positive.

There are 8 registered common lodging houses in the City, 7 providing accommodation for 701 males and one providing accommodation for 95 females. The public health inspector made 150 visits both day and night, resulting in notices being issued in respect of byelaw infringements.

A total of 1,373 beds were examined and 208 beds or articles were found to be verminous and subsequently cleansed by the local authority. During the year it was found necessary to cleanse 108 persons living in these houses.

The weekly meeting of the Special Sub-Committee has again enabled emergency action to be taken for the remedying of urgent defects and where occupiers were suffering severe discomfort due to outstanding items of disrepair, arrangements were made for the work to be carried out in default of the owners, to remedy unsatisfactory conditions affecting 545 houses. The work included the clearing of 59 drains, the restoration of the water supply to 372 houses provided with joint supply pipes and the remainder of the work was mainly in connection with repairs to roofs. The cost of the work will be recovered from the owners of the premises.

During the year it was necessary for 123 prosecutions to be taken and penalties and costs which were imposed amounted to £555.55.

A total of 28,854 requests was received for inspectors to visit premises and 12,336 notices were issued under the Acts and Regulations.

Defective drains caused rodent infestation, flooding and subsidence. Drainage systems tested to remove these problems numbered 476 and notices were issued in respect of 204 drainage systems which were found to be defective. In addition, choked or defective public sewers were referred to the Chief Engineer's Division of the Transport & Basic Services Department for action under the provision of Section 24 of the Public Health Act, 1936.

Under the terms of licences issued from the Home Office, Inspectors supervised the exhumation of 2 bodies during the year.

Other departments have co-operated by forwarding references in respect of matters requiring attention of inspectors and many references were forwarded to other departments.

# Housing and Slum Clearance

As a result of Compulsory Purchase Orders submitted to the Department of the Environment for confirmation, ten Public Inquiries were held involving a total of 2,324 houses in 15 Orders, and during the year 17 Compulsory Purchase Orders involving 2,956 houses were confirmed.

There were 2,222 families rehoused from houses included in confirmed orders.

The General Purposes and Administrative Sub-Committee dealt with a number of individual unfit houses under the provisions of Part II of the Housing Act, 1957, a total of 67 dwellinghouses occupied by 91 families being represented to the Sub-Committee as unfit for human habitation.

The Sub-Committee considered the condition of 129 houses, including a number which had been represented the previous year. Of these it was resolved that demolition orders be made in respect of 39 houses and closing orders in respect of 88 houses. One undertaking not to relet and one undertaking to render fit were also accepted. In addition, 20 representations in respect of rooms and parts of premises occupied as separate dwellings which were unfit for human habitation were considered and in each case it was decided that closing orders should be made.

Following upon the rehousing of the occupants in premises subject to operative orders, 23 houses were demolished and 43 were closed and sealed. In addition, 22 dwellings being parts of premises were also closed.

Premises were reinspected where owners had carried out works as required to make premises fit for habitation, and as a result of the works undertaken, the Committee rescinded 16 closing orders during the year.

## Rents Acts 1957/1968

A total of 39,292 visits has been made by public health inspectors to dwellinghouses, under the provisions of the Rent Acts 1957/68, since the 6th July 1957, when the Act became operative, and 9,430 applications for certificates of disrepair have been received. Some 3,299 tenants have applied for certificates as to the non-remedying of defects specified in undertakings given by landlords, and 2,737 applications have been received from owners for certificates as to the remedying of defects in undertakings which they have given to tenants. Figures in 1973 were:—

Total number of applications for certificates of disrepair	5
Number of certificates of disrepair issued to tenants (Form L)	4
Number of applications pending	1

If the Landlord is not satisfied that all the defects as listed on the certificate of disrepair are reasonable, he has a right of appeal to the County Court. Similarly, the tenant can appeal if he does not accept the decision of the local authority regarding the cancellation of the certificate on the application of the owner.

Where premises are subject to a certificate of disrepair, the tenant has a legal right to reduce the rent payable in respect of a dwellinghouse until all the works as specified on the certificate have been remedied satisfactorily. Likewise, if the owner fails to carry out the works as listed on the undertaking, within the statutory period of six months, the tenant is also entitled to reduce the rent payable until such time as the defects have been remedied to the satisfaction of the local authority.

### **Housing Finance Act, 1972**

This Act was enacted to introduce a new system of housing subsidies, and to provide for rent rebate and rent allowance schemes administered by housing authorities; it also amends the law about rents of dwellings and in particular those dwellings subject to the Rent Act 1968; it also made other provisions as to housing finance.

The Act also provided under Part IV, Section 35 to convert controlled tenancies, subject to certain provisions, to regulated tenancies. In so far as Liverpool properties are concerned the applicable date for conversion is as follows:—

Rateable value of dwelling on the 31st March 1972	Applicable date
£60 or more	1st January 1973
£45 or more but less than £60	1st July 1973
£35 or more but less than £45	1st January 1974
£25 or more but less than £35	1st July 1974
£20 or more but less than £25	1st January 1975
Less than £20	1st July 1975

It can readily be seen that this provision will ultimately change all fit dwellings to regulated tenancies, thus enabling owners to apply for a “Fair Rent”.

The following statistical information is in respect of applications received during the year:—

<b>Standard amenities already provided</b>	
Number of applications for qualification certificates under Section 44 (1)	19
Number of qualification certificates issued under Section 45 (2)	8

### **Loans on Mortgage**

During the course of the year, the City Council again considered applications for loans on mortgage from prospective owner/occupiers and 1,413 houses were inspected for this purpose.

### **Housing Improvements Programme**

The Housing Act 1969, Section 72, provides for the Housing Act 1957 to be amended and the City Council recommended that certain houses in the City in need of repairs and improvements should be eligible for limited improvement grants of between £100, and £675, as they were not considered suitable for long term (30 years) improvement as required by full grants.

As a result of this decision, the Chief Public Health Inspector was requested to arrange for the properties to be surveyed, with a view to a Repairs Notice being served under the provisions of the Housing Act 1957, Section 9 (1A). At the same time as the notices are issued, owners are offered limited improvement grants to assist with the cost of the required repairs and the provision of standard amenities. A total of 669 notices has been issued during 1973 for repairs to be carried out to dwellings under the provisions of the Housing Act.

# Offices, Shops and Railway Premises Act, 1963

This is the tenth annual report since this enactment came into operation in August 1964, and it outlines the work of the Public Health Inspectors Division to secure the safety, health and welfare of persons employed in offices, shops and certain railway premises.

There are now 9,499 premises registered under this Act and the number of new registrations during the year was 396. The number of persons employed in all establishments registered up to the end of 1973, under the provisions of the Offices, Shops and Railway Premises Act was 122,299 of whom 64,554 were females.

## **Administration and Enforcement**

A total of 17,371 inspections of shops and other workplaces has been made during the year. These inspections have been linked with visits made for the enforcement of the Factories Act, the Food and Drugs Act and Regulations made thereunder.

Notices, including 1,075 infringements under the various sections of the Offices, Shops and Railway Premises Act, for which this division is responsible, were served upon owners and following further visits made by the public health inspectors, the infringements were usually abated. (Appendix 1).

## **Information for Fire Authorities**

Communications between the Chief Building Surveyor, the Chief Fire Officer and this division continued throughout the year and all necessary documents and relevant information forwarded to the respective divisions.

Liaison has continued between officers of this division and Her Majesty's Factory Inspectorate regarding matters of demarcation and responsibility for inspection of certain premises within the City.

## **Temperature and Ventilation**

The continued changes in the City, especially the central area are reflected in the steady improvement in accommodation to which the Act applies. Large areas with old-type property are being gradually vacated and the buildings demolished, and more of the new vacant property is being occupied.

Appointments and discussions continued to take place between public health inspectors and solicitors, architects, engineers, builders and managing agents and owners of old, modernised and new property, regarding all aspects of this Act for which this division is responsible.

## **Dangerous Machinery**

The number of accidents notified to this division during the year, arising out of the use of cleaning of machines was 14. This figure is slightly less than last year's figure of 18.

A prosecution was taken against the management of a retail grocery and provisions establishment for an offence involving a young person under the age of 18 years.

An accident occurred whilst the young person was engaged in the cleaning of a slicing machine. The case was heard in the Magistrates' Court on 25th July 1973 and a fine of £25 was imposed upon the defendant for exposing the young person to the risk of injury. A further fine of £5 was imposed for failing to notify the local authority under the Notification of Employment of Persons Order, 1964 and Section 49 (1) and (3) of the Offices, Shops and Railway Premises Act, 1963.

During the year 354 accidents in shops and offices have been reported, compared with 342 in 1972. (Appendix II). The Public health inspectors in this division have continued to advise employees during general and routine inspections, especially when investigating reported accidents, of their obligations under the Act with regard to safety.

Advice is given to employees and employers regarding the co-operation required on both sides in an effort to prevent accidents of any type.

Once again the accidents reported indicate the general even pattern of the various causes; 77% of these accidents required no further action by the division, following investigation of the circumstances, as many of the accidents were due to carelessness of staff or, as in many of the accidents on staircases or on the same level, as a direct result of the type of footwear worn today by both men and women. The miscellaneous causes of accidents which were reported resulting in injury included handling of goods (78); electricity (1); unclassified (31). The unclassified accidents include a variety of causes, for example, attacks by customers, collisions between persons, the closing of doors, swing doors, awkward movements and turns by persons, tipping over of chairs and climbing onto fixtures.

The majority of reported accidents are, fortunately, of a minor character and are not associated with defects in structures or equipment, or any failure on the part of the Employer or occupier of the premises, to comply with the provisions of the Act. The following table indicates the various causes and number of accidents reported during the past ten years.

Primary Cause	1964 from 1st Aug	1965	1966	1967	1968	1969	1970	1971	1972	1973	Total
Machinery—											
Power	5	14	10	13	21	20	12	12	14	10	134
Non Power	1	3	1	5	1	—	2	—	4	4	18
Use of implements and appliances	11	4	21	25	16	6	11	20	18	13	145
Persons falling—											
On same level (slipping, tripping, etc.)	27	85	72	91	66	73	43	44	46	49	596
From one level to another (stairs, steps, ladders, etc.)	16	114	146	133	125	89	92	72	70	82	939
Stepping on or striking against object	6	58	97	90	92	75	49	51	41	42	601
Struck by falling object	3	39	60	65	44	76	35	35	27	43	427
Transport (trucks, etc.)	1	7	5	5	5	6	3	3	2	1	38
Miscellaneous causes	27	149	119	112	128	129	108	142	120	110	1,144
Total	97	473	531	539	498	474	355	379	342	354	4,042

### Hoists and Lifts

During the year 76 reports were received regarding 169 matters requiring the attention of owners of passenger, service and goods lifts and goods hoists. This makes a total of 391 reports and 1,294 matters requiring attention since the implementation of the Offices, Shops and Railway Premises (Hoists and Lifts) Regulations, 1968.

Visits to premises regarding these regulations have been made as considered necessary, and the owners advised of the requirements, and the implications if the work was, in fact, not completed.

There have been no major problems regarding lifts and hoists during the year, even where premises are being vacated for demolition.

### Allocation of Space in Storage and Working Areas

Several problems arose during 1973 when inspectors were carrying out general inspections. The premises in which these problems arose were usually self-service and mainly retail multiple grocery and provision stores. The throughput of groceries and provisions is such that the original storage areas are inadequate to cope with deliveries. It is then left to the manager to find space, usually the passageways at the rear of the shop, stairways and passages leading to exits are used, if only temporary, until the bulk supply is broken down.

Each of these cases has been dealt with on its merits and advice given, either verbally or in writing to the companies concerned regarding the requirements of the Act and the possibilities of accidents. Usually a system is devised for the staggering of deliveries and this normally is acceptable. It still presents a problem, however, particularly during Christmas and holiday periods.

### Provision for and Disposal of Waste

This is a problem found mainly in the retail shops described in the last paragraph. Usually with the co-operation of the Cleansing Division, even a sudden build-up of refuse can be collected and disposed of by the local authority.

It is the practice to advise the managements of these shops to contact the Cleaning Division when they have a waste disposal problem.

### Appendix I

#### NUMBER OF INFRINGEMENTS BY SECTION

Section	Subject	Infringements
4	Cleanliness	198
5	Overcrowding	2
6	Temperature	91
7	Ventilation	13
8	Lighting	16
9	Sanitary conveniences	247
10	Washing facilities	67
11	Drinking water	—
12	Accommodation for clothing	2
13 & 14	Seating	—
15	Eating facilities	—
16	Floors, passages and stairs	179
17/20	Dangerous machines, etc.	—
22	Dangerous conditions, etc.	5
23	Heavy work	—
24	First Aid	115
27	Dangerous Acts	1
50	Information for employees	139
Total		1,075

# Appendix II

ACCIDENTS NOTIFIED — 1st January to 31st December 1973

Class of Premises, Age, Group and Sex of Persons

	No. of Adults		No. of Young Persons		No. of Accidents	
	Males	Females	Males	Females	Fatal	Non-Fatal
Offices	35	45	1	10	Nil	82
Retail Shops	31	73	17	13	Nil	98
Wholesale Dealers and Warehouses	18	4	1	Nil	Nil	89
Canteens and Catering	43	56	3	4	Nil	80
Total	127	178	22	27	Nil	354

## Analysis by Causation

	Offices (1)	Retail Shops (2)	Wholesale Dealers and Warehouses (3)	Canteens and Catering (4/5)	Total
Machinery—					
Power	2	6	1	1	10
Non-Power	—	3	—	1	4
Use of implements and appliances	—	9	—	4	13
Persons falling—					
On same level (slipping, tripping, etc.)	16	11	2	20	49
From one level to another					
(stairs, steps, ladders, etc.)	26	39	8	9	82
Stepping on or striking against object	15	9	2	16	42
Struck by falling object	9	21	5	8	43
Transport (trucks, etc.)	—	—	1	—	1
Miscellaneous causes	21	39	4	46	110
Total	89	137	23	105	354

## **Clubs and Licensed Premises**

At the end of 1973 the number of registered clubs was 232, and a further 96 clubs were subject to “on” licences under the provisions of Section 55 of the Licensing Act, 1964.

Club registration certificates are granted by Magistrates and during 1973, eight applications for new registration certificates and 37 applications for the renewal of existing certificates under the provisions of the Licensing Act, 1964, were considered.

A club registration certificate is granted for a period of twelve months, but on the second or subsequent application the Court may renew the certificate for a period of up to ten years. Certificates may also be varied in respect of different, additional or enlarged premises.

The Town Clerk notifies the departments concerned of applications for certificates. Public Health Inspectors are responsible for enforcing the provisions of the various enactments relating to food hygiene and public health matters and to ensure that the premises are suitable for the purpose.

All the clubs were visited upon notification of the application. Specifications were issued in many cases requiring work to be carried out to ensure the premises satisfied the required standards.

On completion of the required works to the satisfaction of the local authority, the Magistrates granted or renewed the club registration certificates.

## **Other Clubs**

At the end of 1973, there were 24 bingo clubs in the City, four gaming casinos and four members' clubs registered for gaming. Regular visits were made to these premises to ensure that their condition was satisfactory in all matters for which the public health inspector is responsible for enforcement. One application was received for the registration of a new entertainment club premises and two applications were received for the renewal of registration of existing club premises. Each of the clubs was visited on the receipt of the applications to ensure compliance with the provisions of the Liverpool Corporation (General Powers) Act, 1961, in matters relating to lighting, sanitation and ventilation.

## **Licensed Premises**

The number of “off” licensed premises for the sale of beer, wines and spirits was 215 and there were 61 restaurants licensed for the sale of intoxicating liquor, two premises with residential licences and seven premises with residential and restaurant licences.

# Supervision of Food Supply

## 1. Chemical Sampling

During the year a total of 1,101 samples of food and drugs were procured and submitted for analysis; of these, five were formal samples and 1,096 informal. The Public Analyst reported that 13 samples were not genuine, either by reason of deficiency of composition or labelling. The samples obtained covered the whole range of foodstuffs including milk, imported foods, fish and meat products. A number of samples of food were examined for metal contamination.

### (a) Milk

Milk is a widespread and staple source of food which is easily adulterated and therefore figured prominently in the sampling programme. Of the 659 milk samples submitted for analysis, none was found to be adulterated by addition of water or the abstraction of fat.

### (b) Metals

One hundred and three samples of imported foods were submitted for examination for arsenic, lead, copper, zinc, tin, cadmium and mercury. In four cases it was reported that canned goods contained an excess of copper and cadmium which resulted in warning letters to the manufacturers. In one case of imported chewing gum containing an excess of lead, the matter was referred to the Department of Health and Social Security who subsequently directed the importers to withdraw stock from sale in this country.

## 2. Bacteriological Samples

### (a) Milk

Samples of all heat treated and untreated milk processed or sold in the City were taken regularly throughout the year and the results generally indicate that the standards of heat treatment and cleanliness continue to be satisfactory.

There are four pasteurisation plants and one sterilisation plant operating in the City. These have been visited regularly throughout the year and both operation and hygiene have been found to be satisfactory.

A total of 755 heat treated milks was submitted to the Public Health Laboratory Service for examination, comprising 557 pasteurised milks, 111 sterilised milks and 87 ultra heat treated milks (U.H.T.). None of the pasteurised or sterilised milks failed the appropriate tests for heat treatment, however, three pasteurised milks failed the methylene blue test for bacterial quality, the causes of these faults were traced and rectified.

A very small percentage of the milk sold in the City is untreated, all of it being obtained from two cowkeepers who have herds within the City. Samples of this milk are obtained regularly and the Public Health Laboratory Service carry out tests for the causative organism of Tuberculosis and Brucellosis. Eight routine herd samples were taken during the year, all of which were negative for Tuberculosis and Brucellosis.

### **(b) Ice Cream**

A total of 213 samples of ice cream was submitted to the Public Health Laboratory Service for examination by the Methylene Blue Test: 137 were found to be in Grade I, 25 in Grade II, 25 in Grade III and 26 in Grade IV. Sample of Grades III and IV are considered unsatisfactory and it is the practice to take further samples to see if the results are consistently poor. Appropriate action was taken in respect of unsatisfactory samples and advice given to manufacturers concerning the sterilisation of the processing plant. The methylene blue test for ice cream, whilst serving a useful indicator, is not prescribed by statute and it is not possible to take legal proceedings solely on the basis of unsatisfactory results.

### **(c) Other Foods**

Samples of foods which are normally eaten without further cooking, such as meat pies, cooked meats and confectionery, are examined for their suitability for human consumption, including examination for food poisoning organisms, 186 samples were submitted during the year and the results were generally satisfactory.

## **3. Inspection of Imported Foodstuffs**

The Imported Food Regulations 1968, allows for containers of foodstuffs to be passed through the port of entry unexamined and for the examination to be carried out at the inland destination. During 1973 a total of 2,611 containers arrived in the City requiring inspection. All containers were inspected on arrival.

### **Inspection of Food for Fitness**

During the year, public health officers have inspected and rejected the following foodstuffs as being unfit for human consumption.

Fresh Fruit	645,146 lbs.
Fresh Vegetables	446,125 lbs.
Meat and Offal	339,257 lbs.
Canned Fruit and Vegetables	56,979 lbs.
Dry Groceries	22,977 lbs.
Fish	20,750 lbs.
Canned Meat	13,021 lbs.
Canned Foods (Gen.)	8,684 lbs.
Shellfish	6,516 lbs.
Poultry and Game	4,849 lbs.
Frozen Foods	25,739 items

### **Consumer Complaints**

A total of 767 consumer complaints was received from members of the public or were referred to this department by other local authorities. All consumer complaints were thoroughly investigated and advice given to the responsible vendor or manufacturer to prevent similar occurrences, and the complainants were in general reimbursed for any loss incurred.

There are two premises in the City used for the ritual slaughter of poultry, one is operated under the control of the Schechita Board and some 48,000 birds were slaughtered at the premises, the other premises are used for the slaughter of poultry for Mohammedan purposes and 1,500 birds were slaughtered.

Number of poultry processing premises	2
Number of visits to premises	280
Total number of birds processed	49,500
Percentage rejected	Less than 1%
Poultry hygiene and inspection	satisfactory

# Meat Inspection

There are two private slaughterhouses in Liverpool, one is situated within the Stanley Markets area, and the other is at Woolton; at the latter slaughterhouse the facilities have been used entirely for the slaughter of pigs.

## **Tuberculosis**

Once again, this year no cattle were sent by the Ministry of Agriculture, Fisheries and Food under the Tuberculosis Eradication Scheme.

## **Brucellosis**

A total of 438 cows, bulls and calves was sent in by Ministry Veterinary Officers for inspection under the Brucellosis (Accredited Herds) Scheme.

## **Cysticercous Bovis**

Four beef carcasses were found to contain bovis cysts this year. Three carcasses were sent to Stanley Market for refrigeration from another slaughterhouse outside the City boundary. All of the above carcasses were dealt with in accordance with the regulations.

## **Condemned Carcasses**

### **Pigs**

198 carcasses were condemned and destroyed as being unfit for human consumption.

### **Sheep**

989 carcasses were condemned for:— Oedema, Emaciation, Pyaemia and other septic conditions.

### **Calves**

Enteritis, Immaturity, Umbilical Pyaemia were the causes for condemning 19 carcasses.

### **Cattle**

8 bullock carcasses and 44 cow carcasses were condemned. This is 22 carcasses more than last year.

The weight of organs, livers and other offal condemned was 74 tons, including 17 tons 2 cwt. of liver sent for pharmaceutical processing.

## Animals Slaughtered

Details of the number of animals slaughtered during the year are as follows:—

Cattle (including Cows)	Calves	Sheep and Lambs	Pigs	Total
24,361	203	112,697	110,446	247,707

## Condemned Meat — Details are as follows:—

	Part	Whole	Weight		
			Tons	Cwts.	Lbs.
Cattle (excluding cows)	74	8	2	8	66
Sheep and Lambs	1,428	989	14	8	20
Pigs	1,502	198	17	1	51
Cows	186	44	9	12	1
Calves	—	19	—	7	31

## Meat Market

Carcases and meat dealt with in the market, excluding the meat and offal from the 247,707 animals slaughtered in the City were as follows:—

Origin	Beef Hinds/ Fores	Carcases Mutton/ Lamb	Carcases of Pork	Carcases of Veal
Imported chilled or frozen	419	549,717	—	—
Slaughtered outside Stanley Abattoir	55,812	116,850	160,373	741

In addition to the above, 486,589 packages of meat, poultry and rabbits were handled.

## Slaughtering Licences

A total of 46 licences was granted by the City Council, including 2 licences for Jewish Ritual Slaughter, 4 licences for Mohammedan Ritual Slaughter.

## Training Courses

The training courses for Meat Inspection and Food Hygiene and Public Health Inspection were again well attended and the examinations were held at the Slaughterhouse at Stanley Market.

**Specimens for Examinations**

Specimens were provided for the Royal Society of Health and the Public Health Inspectors Education Board.

**Specimens for Teaching Purposes.**

Requests for supply of blood, hearts, eyes and cysts and any other specimens for hospital laboratories and the University were met.

# Diseases of Animals Act

Under this Act the Ministry of Agriculture, Fisheries and Food is empowered to make Orders to:—

- (a) Control certain scheduled diseases of animals.
- (b) Prevent the entrance of disease into the United Kingdom.
- (c) Regulate the means of transport of animals and poultry.

In the majority of cases these Orders are enforced by the Local Authority.

During the year under review the following new Orders were made:—

- The Poultry and Hatching Eggs (Importation) Order, 1973.
- The Brucellosis (Eradication Areas) (Scotland) Order, 1973.
- The Swine Vesicular Disease (Amendment) Order, 1973.
- The Brucellosis (Eradication Areas) (Norfolk & Suffolk) (Amendment) Order, 1973
- The Equine Animals (Importation) Order, 1973.
- The Movement of Pigs (Waste Food Precautions) Order, 1973.
- The Export Quarantine Stations (Regulations) Order, 1973.
- The Brucellosis (Eradication Areas) (West Sussex, Cambridgeshire and Essex) (Amendment) Order 1973
- The Brucellosis (Eradication Areas) (Wales) Order, 1973.
- The Sheep Scab (Dipping Areas) (Amendment) Order, 1973.
- The Export of Horses & Ponies (Increased Minimum Values) Order, 1973.
- The Transport of Animals (General) Order, 1973.
- The Importation of Canadian Cattle (Amendment) Order, 1973.
- The Diseases of Animals (Waste Food) Order, 1973.
- The Poultry and Hatching Eggs (Importation) Amendment Order, 1973.

## **The Anthrax Order, 1938**

Six dead pigs and one dead bovine were treated as suspect anthrax in the year and the Ministry of Agriculture, Fisheries and Food notified for veterinary clinical examination. In all cases the laboratory tests proved negative and the cadavers were released for industrial processing. There has again been a further decline in the number of positive anthrax cases in the United Kingdom. It is hoped this trend will continue. Any animal “found dead” at either of the city abattoirs are possible anthrax cases and if there is the slightest doubt the Ministry is informed.

## **The Regulations of Movement of Swine Order, 1959**

Under this Order markets must be specially authorised for the sale of live pigs. Movement of animals from markets to pig dealers premises, farms and slaughterhouses are controlled by licence. These regulations are designed to control and trace pigs when necessary. In the year, 772 licences were dealt with concerning the movement of 37,633 pigs to the city abattoirs and pigkeepers premises. There were 418 visits and inspections made to farms, pigkeepers premises and the abattoir and bacon factory under private control in the City when 42,921 pigs were inspected for possible signs of notifiable disease.

### **The Foot and Mouth Disease Orders, 1928-1972**

For the fifth year in succession Great Britain has been quite free of Foot and Mouth Disease. The last outbreak occurred in the winter of 1967 – 68 and was the most serious ever. A close daily watch is kept on all susceptible animals awaiting slaughter in the lairs at both city abattoirs.

### **The Swine Vesicular Disease Order, 1972**

This disease first occurred in the United Kingdom in 1972 having appeared in Hong Kong and Italy a little earlier. The provisions of the Order enable the Ministry of Agriculture, Fisheries and Food to make “controlled areas” to prevent as soon as is possible the spread of the disease from the place of origin. Additional controls may be introduced to contain the outbreak as the Minister thinks necessary. The first outbreak occurred at Cannock, Staffordshire in December 1972, and a controlled area was made to check the spread of the disease.

Unfortunately, the disease was not contained, the outbreak spread, and additional controlled areas were made until finally on 23rd February 1973, it was considered necessary to include the whole of the United Kingdom in one “Controlled Area”. The movement of pigs in an area is by licence only, obtained from the local authority at the point of destination. Liverpool is a large receiving area for such animals due to the presence of two abattoirs within its boundary. A total of 925 licences were issued authorising the inward movement of 33,199 porcines into the City area for slaughter or store purposes. The numerous outbreaks of the disease in the United Kingdom were tackled by officers of the Ministry of Agriculture who pursue a slaughter policy on any premises where swine vesicular disease is confirmed. During the outbreak more than 42,000 pigs were destroyed on Ministry order and the owners compensated. The epidemic was brought under control and on 20th April 1973, an Order releasing the United Kingdom from control came into operation.

Fresh outbreaks of the disease occurred in November 1973, and on the 5th of that month, Lancashire, Cheshire, Staffordshire and Derbyshire were included in a controlled area by the Ministry. Several farms and pig-keepers premises close to the City were infected but none within its boundary. Pig movement into and within the area was again by licence and 328 licences were issued for the movement of 11,480 pigs. The outbreak was again controlled by Veterinary Officers of the Ministry and all areas released on 5th December 1973.

A fresh outbreak of the disease occurred in the Preston area and all Lancashire except the district north of Morecambe Bay was included in a Controlled Area with effect from 21st December 1973. The disease again spread and first Yorkshire and then most of the north of England was included in an extended area. This area remained in force up to the close of the year. To 31st December 1973, some 47 licences for the movement of 3,450 porcines were issued.

The extra work entailed by the outbreaks was handled by the department in addition to normal routine duties. All pigs awaiting slaughter at the city abattoirs were closely inspected for possible signs of

the disease and particular attention paid to standards of cleanliness in lairages, and vehicles used for animal transport. During all outbreaks the trade was informed of the requirements of the Order and the greatest co-operation has been received from traders, transport firms and abattoir management.

#### **The Diseases of Animals (Waste Food) Order, 1957**

This Order provides that any waste food fed to animals must be boiled for a period of at least one hour prior to feeding; also that unboiled waste food is inaccessible to birds and animals. The feeding to animals of inadequately treated waste food has long been suspected as a means of spreading Foot and Mouth Disease, and Swine Vesicular Disease. The Ministry has upon several occasions asked for close observations by the local authority upon plant in their areas. In the year, 71 visits were made to waste food boilers in the City to ensure compliance with the Order.

#### **The Diseases of Animals (Waste Food) Order, 1973**

This Order made on 16th November 1973, provides that with effect from July 1974 any waste food to be fed to animals and poultry must be processed in premises and in plant licensed by the Ministry. Any premises so licensed must be up to a high standard of construction and cleanliness. The Order is a further step in the drive towards the diminution of disease amongst animals and poultry by improving the standard of transport and processing of unboiled waste food and thus maintaining progress towards the complete eradication of disease and subsequently to prevent any recurrence.

#### **The Movement of Pigs (Waste Food Precautions) Order 1973**

This Order provides that pigs from a farm or pigkeepers premises on which waste food is used as feeding stuff shall be moved from those premises to a slaughterhouse only. In the course of the period April–December 1973, 59 licences for the movement of 1,215 were issued and pig records checked to ensure compliance with the Order.

#### **The Rabies Order, 1938**

The year 1973 was the third year without a confirmed case of this most serious disease in the British Isles. The prevalence of the disease in almost every part of the world except the United Kingdom and Ireland is a feature of Rabies. With the docks and foreign going vessels using them it is always a risk that this disease may be imported into the United Kingdom by way of Liverpool or the Merseyside area.

#### **The Importation of Meat, etc. (Wrapping Material) Orders, 1932-1939**

#### **The Importation of Carcasses and Animal Products Orders, 1954-1966**

These importation Orders are designed to prevent the introduction of a variety of diseases into the United Kingdom. Some 165 visits were made to horticultural premises in the City. Several consignments of carcase meat, offal, fish and vegetables were moved from Royal Navy and Merchant vessels to cold stores in the City area under licence of the Ministry. The premises concerned were visited by inspectors of the Division.

### **The Market Sales and Lairs Orders, 1925-1965**

A twice daily visit is paid to the lairages at Stanley Abattoir and a daily visit made to the slaughterhouse and bacon factory under private control at the south end of the City, for signs of notifiable disease. The watering, feeding, bedding, hygiene, prevention of cruelty and rotation of animals is also overseen and action taken as necessary.

The following dead animals were dealt with in the year:—

Cattle—2      Sheep—59      Pigs—45.

### **The Poultry Premises & Vehicles (Disinfection) Order 1956**

#### **The Poultry Orders, 1937-1966**

#### **The Conveyance of Live Poultry Order, 1919**

There are two poultry slaughterhouses in the City and a daily visit is made to one and regular inspections are made to the second and much smaller premises are regularly inspected. In the year, 1,590 crates of live poultry and 933 empty crates were inspected for disinfecting and cleansing action taken as necessary. A high standard of cleanliness is required of vehicles and equipment used for the transport of live poultry also to equipment, fixtures and fittings at the place of slaughter.

### **The Fowl Pest Order, 1936-1963**

The year 1973 has seen a big decline in confirmed outbreaks of Fowl Pest. During the year 1971 a total of 3,754 outbreaks was confirmed in the United Kingdom and in 1972 this declined to 293 confirmed outbreaks. The total for 1973 was in the region of 100. There was no outbreak in the City during the year. Regular visits are paid by inspectors of the Division to poultry keepers in the City.

### **The Transit of Animals Orders, 1927-1973**

#### **The Transit of Calves Order, 1963**

To ensure satisfactory cleaning after carriage of animals, the following inspections were made:—

Irish and Manx Steamers	684
Railway stations, pens, etc.	1,448

For a considerable number of years vehicles used for the transport of animals have been subject to regulations concerning adequate safety, ventilation, means of egress, proper security of livestock and separation of mixed consignments. Provision is made for the cleansing of vehicles after use and before any fresh livestock is loaded.

During the year 1,803 vehicles were inspected and action taken as necessary. Some 700 calves, together with consignments of other livestock, passed through the dock area; the calves in the main being sent to the Isle of Man.

### **The Animals (Landing from the Channel Islands, Isle of Man, Northern Ireland and the Republic of Ireland) Orders, 1955-1963**

Animals landed in England, Wales and Scotland from the areas covered by this Order can be done so only with a licence granted by the Ministry of Agriculture, Fisheries and Food. During 1973, 160 licences issued by the Ministry concerning the inward movement of 2,048 cattle for slaughter in the Liverpool area were handled. Additional licences were also handled for the inward movement of a small number of ovines.

### **The Importation of Dogs & Cats Orders & Amendments, 1928-1971**

Since 1928, the importation of dogs and cats in the United Kingdom has been subject to Ministry licence, local authority vigilance, and a six months quarantine period. No dog or cat is exempt and the requirements of the Order are rigorously enforced. During 1973, a total of 682 ships was visited by the inspectors of the Division and 117 dogs and 70 cats, not intended or authorised for landing, were detained on board ship and visited to ensure they were not landed.

The number of ships now carrying dogs and cats as pets is declining. In the case of dogs in particular they are nearly always the personal possession of a crew member, usually a ships officer, and in most cases are well looked after and of some value.

### **The Rabies (Importation of Mammals) Order, 1972**

This Order places a total ban on the unlicensed importation of mammals into the United Kingdom and any mammal landed must be licensed by the Ministry of Agriculture and must go into quarantine for a period of six months. All foreign going vessels are visited by inspectors of the Division soon after berthing to ascertain whether or not they carry any unauthorised mammals. When any prohibited animal is found, it must be kept on board the vessel and the ship is revisited to ensure that this is done. In some cases, at the request of the Ships Master, the animal is painlessly destroyed on board and the cadavers landed and incinerated under the control of the inspector. It has been the practice of this Division when such animals are brought into the Port, to write to the shipping company who own the vessel and bring the requirements of the Order to their notice and ask for their co-operation in discouraging the carriage of animals, usually monkeys, on their ships. This policy has been successful as the number of restricted mammals so carried has fallen. No unlicensed mammals were landed in the Liverpool docks during the year. Several small animals were destroyed by inspectors of the Division in the year.

**The Importation of Horses, Asses & Mules Order, 1957**

**The Equine Animals (Importation) Orders, 1969-1971**

**The Transit of Horses Orders, 1951-1966**

**The Horses (Sea Transport) Orders, 1952-1958**

The provisions of these Orders ensure the cleanliness, washing and disinfecting of boxes, fixtures and fittings of equipment used in equine transport prior to landing. To ensure compliance with these Orders any ship carrying equines is visited upon unloading. Vehicles used for animal transport are also inspected for suitability, before or after use. The construction of pens, boxes and stalls was also inspected and attention given to stowage and handling.

# Atmospheric Pollution

## **Industrial – Approvals under legislative control**

During the year, 30 applications for approval under Section 3 of the Clean Air Act, 1956, and Section 6 of the Clean Air Act, 1968, were received. Section 3 relates to the prior approval of all plant rated over 55,000 British Thermal Units per hour with regard to smokeless operation. Section 6 relates to the approval of the chimney heights of industrial boiler plant.

The 30 applications, which ranged from commercial and school premises to industrial plant, were approved.

## **Air Pollution Monitoring**

The department has continued its involvement in the National Survey for Air Pollution and the daily mean concentrations of sulphur dioxide and smoke are determined at five sites throughout the City as part of this survey. The department has recently concluded a study of the results obtained at the Woolton site over the past ten years. The results have shown a decrease in the yearly mean concentrations of 40% for smoke and 37% for sulphur dioxide.

A pilot survey has been carried out in Church Street, which is in the city centre, in connection with a proposed pedestrianisation scheme, to monitor the kerbside concentrations of lead and benzpyrene. The results of this survey have shown that the levels found are in close agreement with those levels found in studies carried out elsewhere in the United Kingdom. It is intended to repeat the monitoring programme when the road has been closed to traffic and from the results draw an indication of the contribution made by road traffic to the air pollution levels in the City.

A further smoke control order became operative on the 1st May 1973. There are now 23 operative smoke control orders covering some 89,900 premises. Two further orders become operative in 1974. A total of 9,362 visits were made, and 1,883 appliances were converted to smokeless combustion. This figure does not take into account the number of appliances which have been converted by occupiers of premises not yet included in a smoke control area.

## **Excessive Noise**

A total of 166 complaints about excessive noise was received and all complaints were investigated. A large number of complaints was received in a petition about noise from a particular factory, but in this case the complaints did not relate to a specific date but were of a general character.

The majority of the complaints referred to either noise from factory premises or noise from pneumatic drills and compressors. Complaints were also received about noise from clubs which affected residents living in close proximity to club premises, excessive noise from radio and television sets and nuisance from dogs barking.

Every complaint was investigated and whenever possible, action was taken to reduce the level of noise. Considerable time has been spent in monitoring noise levels both in connection with the investigation of complaints and in establishing noise levels at various locations within the City. Managements have co-operated with the inspectorate by carrying out modifications whenever possible to reduce noise from industrial processes.

Many premises are now fitted with external burglar alarms, and whilst alarms serve a very useful purpose as a deterrent to the entry of unauthorised persons into the premises the continued sounding of an alarm over a long period, especially during the night, can cause considerable irritation to persons resident in the area. The delay in switching off an alarm is usually due to the fact that the key holder of the premises is not readily available. The alarms are very sensitive and on occasions they operate due to vibration or electrical faults.

# Rodent Control

## **Duties of Local Authorities and Occupiers**

It is the statutory responsibility of every local authority under the Prevention of Damage by Pests Act, 1949, to take steps to secure as far as is practicable that their district is kept free from rats and/or mice and to enforce the duties of owners and occupiers under its provisions.

Practical assistance is also given to owners and occupiers of business premises and land, and this proves helpful because to rely solely on the enforcement of the provisions of the Act could lead to an increase in the rodent population. Where assistance is provided at places other than dwellinghouses a charge is made for the services rendered.

## **Systematic Survey**

The rodent control staff examined 12,050 sites during the year in connection with routine survey and investigation of complaints and a further 77,583 visits were made entailing operational work and re-examination of buildings and lands during or following treatments. The public health inspectors also made in connection with other matters 148,603 inspections under the Act.

## **Rodent Infestation**

During the year, 2,530 sites were found to be infested, 1,071 by rats, 36 by rats and mice and 1,423 by mice only. No major infestation was reported during the year. Details are shown in the statistical appendix.

Complaints relating to rats and/or mice to the total of 13,208 a decrease of 3,115 over the previous year were received and investigated.

## **Rodent Disinfestation**

During the year, 2,323 buildings and lands were disinfested from rats and/or mice. The demand for assistance from occupiers of business premises was reduced and 652 requests were received.

Of the 2,323 infestations and re-infestations remedied during the year, 2,312 were treated by the department's staff and of these, 2,238 were cleared by the use of poisons, and 71 by poisoning and trapping. The remaining 3 infestations were remedied by trapping only. There were 11 notified infestations remedied by occupiers or their contractors under the guidance and supervision of the rodent control inspectors.

During the year, 618 dead rats were actually collected during operational work. The species of rats collected were 325 *rattus norvegicus* ("brown" or "common" rats) and 293 *rattus rattus* ("black" or "ship" rats).

## **Rat Destruction in Sewers**

There are some 26,500 manholes providing access to the whole of the sewerage system in the City and a total of 37,602 poison baits was laid in manholes. There is no doubt that as the result of the continuous and systematic treatment of sewers the breeding and migration of rats through sewers and drains has been greatly reduced but it is essential

that treatments are continuously applied. A follow-up test after the poison treatment was applied to a proportion of the manhole previously treated and activity was recorded in 587 out of a total 28,464 manholes re-tested. A further poison treatment was applied to these areas where positive results had been found.

During the year it was considered necessary to refer to the Chief Engineer, Transport & Basic Services Department, items of work which required attention in order that maximum benefit could be received from the work entailed in this branch of the work of the department. The items included the removal of rubbish from baiting points and the clearing of choked or partially choked sewers.

### **Preventive Measures**

During the year, 349 drain tests were held in connection with infestations which resulted in 123 premises being found to have defective drainage systems and the necessary action was taken to have the drains repaired. There were 281 notices served under the provisions of the Damage by Pests Act, 1949, relating to non-structural work.

### **Pigeon Control**

Considerable damage to the fabric of buildings is caused by feral pigeons as well as fouling of approaches to premises. The operational work carried out resulted in many pigeons being trapped and humanely destroyed and some feral pigeons were destroyed as a result of work carried out by private firms.

A total of 28,889 visits was made which resulted in 49,913 feral pigeons being humanely destroyed and 1,483 eggs were destroyed. Since the inception of the sub-section in January, 1966 a total of 516,723 feral pigeons and 34,395 eggs have been destroyed.

### **Dog Warden Service**

The City Council decided to inaugurate a service for the collection of stray dogs from the streets of Liverpool and arrangements for the setting up of this sub-section to be added to the Pest Control Section were being formulated at the end of the year.

# Disinfection and Disinfestation

The duties of this sub-section are to provide services for disinfection following infectious disease and disinfestation of verminous premises and articles. The sub-section also maintains and staffs the City Mortuary in close liaison with the City Coroner and the Coroner's Officer.

Complaints concerning vermin infestation are received from tenants and the premises are visited by the disinfestation inspectors when appropriate advice and practical assistance is given. Information is also received concerning premises from which families are to be rehoused. Where necessary the effects are disinfested before removal to the new accommodation in order to avoid the transfer of vermin. A total of 15,099 inspections was made during the year.

Advice and practical assistance in the disinfecting or disinfesting of hospitals and other buildings has been provided when necessary.

## **Disinfecting Station, Smithdown Road**

The staff at the Station dealt with the following articles:—

- 13,642 verminous articles disinfested;
- 3,967 infectious articles disinfected;
- 4,945 articles for precautionary treatment;
- 314 tons of goods treated prior to export;
- bedding from four ships treated;
- 133 male persons used the facilities in the Cleansing Station.

## **Visits by Inspectors**

- 3,992 inspections in relation to rehousing;
- 3,399 vacant Corporation properties inspected;
- 7,342 complaints from the general public investigated.

## **Treatment of Properties Carried Out**

- 5,677 dwellinghouses;
- 126 business premises;
- 431 treatments in hospitals, baths, laundries, schools.

## **City Mortuary**

This service works in close liaison with the office of the City Coroner and during the year the staff assisted at 515 post mortems and 547 bodies were recieved.

## **General**

A feature of the work of the disinfestation section is the removal of health hazards revealed when persons are found dead in their homes. Instances have occurred when large accumulations of rubbish are found inside the accommodation and this work is carried out in close co-operation with public health inspectors, welfare workers and members of the police force.

SUMMARY OF PROSECUTIONS – 1973

Act	Section	No. of Informations or Complaints	Penalties	Costs
			£	£
The Food and Drugs Act, 1955	Food not of quality demanded	2	35.00	6.55
Offices, Shops and Railway Premises Act, 1963		2	30.00	—
Food Hygiene General Regulations, 1970		74	486.00	—
Public Health Act, 1936	93 and 268 (caravan sites)	45	—	—
Totals		123	551.00	6.55

# Factories Act, 1961

## FACTORIES ACT, 1961

### Part I of the Act

#### 1. INSPECTIONS for purposes of provisions as to health (including inspections) made by Public Health Inspectors.

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by local authorities	31	84	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the local authority	2,753	6,145	13	—
(iii) Other premises in which Section 7 is enforced by the local authority (excluding out-worker's premises)	91	68	2	—
Total	2,875	6,297	16	—

#### 2. Cases in which defects were found.

Particulars (1)	Number of cases in which defects were				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Sanitary Conveniences (S.7)					
(a) Insufficient	3	3	—	3	—
(b) Unsuitable or defective	42	42	—	6	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	3	3	—	—	—
Total	48	48	—	9	—

**FACTORIES ACT**

**Part VIII of the Act – Outwork**  
 (Sections 133 and 134)

Nature of Work (1)	Section 133		Section 134			
	No. of out-workers in August list required by Section 133(1)(c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel-making, etc.	63	—	—	—	—	—
Furniture and upholstery	1	—	—	—	—	—
Umbrellas, etc.	1	—	—	—	—	—
Total	65	—	—	—	—	—

# SUMMARY OF RODENT INFESTATIONS AND DISINFESTATIONS OF BUILDINGS AND LANDS DURING THE YEAR 1973

Description of Premises	Infestations		Reinfestations during the Year				Category		Total infestations and reinfestations	Total Remedied
	Premises	Rats and Mice	Mice	Premises	Rats and Mice	Mice	Major	Minor		
Shops	222	76	2	144	52	17	—	274	274	227
Factories	67	43	2	22	14	8	—	81	81	95
Warehouses	60	29	13	18	9	5	—	69	69	51
Dwellinghouses	1,693	731	5	957	247	87	—	1,940	1,940	1,465
Other buildings and lands	488	192	14	282	124	35	—	612	612	485
Food Premises (included in above)	193	37	17	139	38	7	—	231	231	160
Total	2,530	1,071	36	1,423	446	152	—	2,976	2,976	2,323

QUANTITY OF FOOD CONDEMNED FOR DISEASE OR FOUND UNFIT FOR  
HUMAN CONSUMPTION – 1973

Food	Tons	Cwts	Qrs.	Lbs.
Beef, Mutton, Lamb, Veal and Pork	70	19	1	25
Offal	74	18	3	10
Fish	20	13	2	27
Poultry, Rabbits and Game	1	10	1	4
Fruit	265	13	—	20
Vegetables	278	11	2	13
Canned Goods	13	8	3	19
Sundries	9	3	3	—
Total	734	19	3	6



ATMOSPHERIC POLLUTION MEASUREMENT – 1973

Smoke and Sulphur Dioxide Volumetric Filter

Measurements are in microgrammes per cubic metre

SMOKE			SULPHUR																						
	Jan	Feb	Mar	Apl	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apl	May	June	July	Aug	Sep	Oct	Nov	Dec	
Hatton Garden																									
Average Value	133	86	101	43	49	32	39	41	57	83	61	47	251	153	172	105	156	71	64	102	137	182	195	136	
Highest Value	681	315	214	71	99	61	61	89	137	164	207	217	732	495	420	187	312	235	121	241	262	380	392	425	
Lowest Value	19	20	32	3	16	12	7	13	20	29	7	11	74	37	44	—	37	6	24	24	39	13	65	38	
Croxteth Hall																									
Average Value	81	58	61	22	18	9	9	16	18	48	39	41	213	144	154	100	126	114	90	128	121	137	203	232	
Highest Value	255	195	162	93	52	34	20	60	58	172	148	254	727	471	270	173	232	198	134	313	211	297	330	409	
Lowest Value	23	8	9	3	5	1	2	2	1	8	1	4	100	75	82	68	56	61	43	43	73	59	104	130	
Woolton																									
Average Value	83	70	74	31	32	20	23	28	37	51	43	30	203	147	191	128	124	94	70	94	111	172	154	137	
Highest Value	346	260	155	85	58	50	34	61	70	144	125	55	904	424	362	780	205	219	155	191	226	324	289	292	
Lowest Value	25	9	25	20	12	5	11	14	18	24	11	8	70	47	79	52	74	43	38	43	30	77	65	47	
Lark Lane																									
Average Value	94	72	67	33	23	—	—	—	26	47	56	50	167	108	130	70	80	—	—	—	63	154	229	176	
Highest Value	749	236	148	75	57	—	—	—	64	140	288	260	836	357	261	159	191	—	—	—	171	398	416	325	
Lowest Value	27	13	18	8	4	—	—	—	4	6	6	10	33	11	31	24	31	—	—	—	12	35	53	36	

**Green Lane (Green Lane Station restarted 11/7/73)**

Average Value	-	-	-	-	-	29	26	54	129	83	107	-	-	-	-	-	75	91	149	186	140	108
Highest Value	-	-	-	-	-	55	61	139	496	358	341	-	-	-	-	-	123	260	321	357	342	293
Lowest Value	-	-	-	-	-	12	4	16	28	19	10	-	-	-	-	-	34	34	7	77	50	48

**Northumberland Street**

Average Value	148	105	108	52	47	-	26	24	44	86	63	72	195	173	178	110	124	-	63	134	114	232	195	207
Highest Value	597	328	251	77	84	-	34	51	73	195	232	202	842	502	362	186	237	-	121	274	211	397	438	298
Lowest Value	45	15	35	26	25	-	14	8	15	21	23	19	45	38	80	47	41	-	15	21	46	27	48	113

**Burroughs Gardens**

Average Value	161	123	106	44	47	34	45	39	87	137	85	76	448	406	341	298	338	278	264	309	258	356	154	189
Highest Value	869	324	234	125	101	72	74	78	174	358	280	149	1,082	702	690	709	710	506	415	637	522	854	318	389
Lowest Value	18	19	19	12	19	3	9	11	20	19	18	23	236	242	151	119	213	144	151	176	144	36	47	55

**Boundary Street**

Average Value	166	121	121	30	38	42	25	18	36	85	64	69	446	353	386	268	315	302	301	256	295	330	342	299
Highest Value	877	333	326	80	105	350	67	68	115	285	341	308	1,374	721	641	406	459	532	430	421	404	577	517	562
Lowest Value	20	7	8	4	7	4	8	3	3	14	3	3	200	197	240	175	212	184	220	188	201	238	175	183

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